

Case Number:	CM14-0154033		
Date Assigned:	09/23/2014	Date of Injury:	06/12/2008
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60 year old who was injured on 6/12/2008. The diagnoses are neck and shoulder pain. The 2013 MRI of the cervical spine showed multilevel degenerative disease without foraminal stenosis. The patient completed physical therapy and chiropractic treatments. Trigger points injections relieved 80% of the pain in trapezius leading to reduction in medications requirements. The pain score was 10/10 without medications and 6/10 with medications on a scale of 0 to 10. On 11/04/2013, the patient reported 70% reduction in pain following left C5, C6 and C7 facet medial branch blocks. On 8/29/2014, [REDACTED] noted subjective complaints of severe pain in the left side of the neck, shoulder and upper back. There was objective finding of positive facet loading and decreased range of motion. The medications are ibuprofen and Norco for pain. A Utilization Review determination was rendered on 9/11/2014 recommending non certification for radiofrequency ablation left C5, C6, C7.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Radiofrequency neurotomy at left C5,C6,C7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Neck Pain Facet Blocks

Decision rationale: The CA MTUS did not address the use of radiofrequency ablation of the facet median branch nerves in the treatment of cervical facet syndrome. The ODG recommend radiofrequency ablation after successful diagnostic facet blocks. The records indicate that the patient had subjective, objective and radiographic findings indicative of cervical facet syndrome. The patient completed conservative treatment with medications and physical therapy. There was significant pain relief and increase in range of motion following diagnostic cervical median branch blocks at the left C5, C6 and C7. The criteria for left C5, C6 and C7 radiofrequency ablation of the median branch nerves was met.