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| Case Number: | CM14-0158657 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 12/16/2010 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 General Surgeon and is licensed to practice in California. 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:

This 39 year old male was injured 12/16/10. On 3/15/13, left C2, 3, and 4 RF ablation was done for cervical facet joint syndrome. The result as of 4/25/13 had been 50-70% improved. His pain score was decreased in spite of the fact that the patient was having other pain issues, most especially the left shoulder and low back. As of 8/12/14 the patient complained of ongoing left neck along with weakness and numbness of the left upper extremity that had gotten significantly worse since the examination a month ago. The request was for repeat RF ablation. This was denied on the basis that the decrease in analgesic requirement was not really significant enough to justify a repeat ablation. It is to be noted that his MED had doubled from the previous month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2, C3, C4 radiofrequency ablation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Cervical-Rhizotomy

Decision rationale: While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 70% relief. No more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks." This patient had the initial ablation done 3/2013. He had significant benefit presented by the patient as representing 50-70 %. RF ablation is justified and medically necessary. The 3rd level is not recommended to be done at the same sitting but should be delayed a week or two. Therefore the request is medically necessary.