

Case Number:	CM14-0170700		
Date Assigned:	10/23/2014	Date of Injury:	12/20/2008
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine, 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:

The patient is a 35 year old female who had her injury on 12/20/08. She had a previous fluoroscopically -guided cervical nerve ablation on 12/29/11 which had resulted in 75% pain relief of her axial cervical spine pain with increase in her ROM for 2 1/2 years. However, the repeat request made in the summer of 2014 was denied and the patient asked her M.D. to appeal the refusal to authorize this procedure again. The M.D. noted on the day of the patient's visit that she had pain in her lower neck, right shoulder, and right scapular. However, the UR denied the request for a repeat injection on 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat fluoroscopically-guided right C5-C6 and right C6-C7 radiofrequency nerve 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 (ODG), Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 3354 Version 11.0

Decision rationale: Up to date states that if conservative treatment of chronic neck pain is not successful that the following procedures are recommended: trigger point injections, TENS units, cervical median nerve block and percutaneous neurotomy for the appropriate patients. It also states that percutaneous radiofrequency neurotomy had been shown to provide short term relief of pain related to zygapophyseal joint pathology in 6 randomized controlled studies. Also, longer term relief was demonstrated in 1 trial. Lastly, they stated that efficacy for this procedure was best demonstrated in post whiplash cervical headache and neck pain. We note that in the present patient that the same requested nerve ablation procedure was done on 12/29/11 with good results lasting about 2 years. Therefore, the procedure is medically necessary.