

Case Number:	CM14-0173238		
Date Assigned:	11/06/2014	Date of Injury:	05/19/1996
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 45-year-old female who reported an injury on 06/19/1996. The injured worker was on a step ladder when she turned her neck to the side, she felt pain at the neck area. The diagnoses included neck pain, myositis, cervical postlaminectomy syndrome, lower back pain, and shoulder hand syndrome. Medications included Cymbalta, hydromorphone, morphine, trazodone, Topamax and an intractable pain pump. Prior treatments included physical therapy, medication, modified duty, TENS unit, laser light therapy, Botox injections, heat and ice, yoga, meditation, chiropractic, acupuncture, massage therapy, and injections. Prior surgery included a cervical discectomy and fusion at the C4-7. The examination dated 08/21/2014 of the cervical spine revealed head tilted forward and slight straining of the cervical lordosis; tenderness to palpation of the trapezius bilaterally, the levator scapulae bilaterally, the paraspinal muscles bilaterally, lower facet bilaterally, the occipital protuberance bilaterally. Active range of motion with lateral flexion to the left was 75%, lateral flexion of the right 75%, rotation of the right 75%, and rotation of the left 75%; flexion to 80% of expected range of motion and extension 60% of expected range of motion. Treatment plan included cervical radiofrequency of unknown level. The Request for Authorization dated 11/06/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for cervical radiofrequency is not medically necessary. The California MTUS/ACOEM indicate that cervical radiofrequency injections results can be permanent, there should be good evidence of long-term benefit prior to recommending this procedure. Radiofrequency lesioning is invasive, has adverse effects, and is costly. There is evidence of a lack of efficacy for treatment of lumbar pain, thus there is an unreconciled dispute in the literature (ineffective in the lumbar spine, but perhaps some efficacy in the cervical spine). This is not recommended as a first or second line procedure and is recommended only in the setting of participation in an active rehabilitation program in a patient who is motivated to increase his/her daily functioning. The clinical note dated 09/08/2005 indicated that the injured worker had radiofrequency neurotomy that helped decrease the injured worker's headaches; however, did little for the neck or shoulder pain. The guidelines indicate there should be a formal plan of rehabilitation in addition to the facet joint therapy in the form of a home exercise program or physical therapy. Additionally, the guidelines state only 2 levels should be performed at a time; the request however, did not provide a cervical region for injection or the amount of levels. As such, the request is not medically necessary.