

Case Number:	CM14-0024288		
Date Assigned:	06/11/2014	Date of Injury:	05/10/2011
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 35-year-old female who reported an injury on 05/10/2011. The mechanism of injury was not provided within the documentation. The injured worker was noted to have diagnoses of complex regional pain syndrome, gastroparesis, celiac disease, and ulcerative colitis. The injured worker's prior treatments were not indicated in the documentation submitted for review. In the most recent clinical evaluation dated 05/13/2014, it was noted the injured worker had pain in the right arm. She was status post 7 ganglion nerve blocks. The injured worker used gabapentin, hydrocodone, Hyoscyamine, hydrocodone, Lidocaine, Zofran, and Senokot for symptom management. The physical examination indicated tenderness in the right wrist, mild neurogenic edema in the right hand, and decreased sensation in the right wrist. There was decreased range of motion of the fingers of the right hand. The physical assessment continued to note that the injured worker's symptoms were consistent and had not resolved with conservative care, therapy, and interventional procedures including the stellate ganglion block series. Medication management had maintained her pain at a level of 8/10. The treatment plan included cervical spinal cord stimulator trial with an MRI or CT scan to determine that there would be adequate space in the cervical spine to place the SCS leads and psychological clearance. The request for authorization for medical treatment was not included with the documentation provided. The provider's rationale for the requested interventional radiology pulsed radiofrequency ablation of free nerve endings of radial nerve over scar of right wrist was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERVENTIONAL RADIOLOGY PULSED RADIO FREQUENCY ABLATION OF FREE NERVE ENDINGS OF RADIAL NERVE OVER SCAR OF RIGHT WRIST:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS (Complex Regional Pain Syndrome) Page(s): 40.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Soloman, M., Mekhail, M. N., & Mekhail, N. (2010). Radiofrequency treatment in chronic pain.

Decision rationale: According to a study by Soloman, it states, "Radiofrequency ablation offers the advantage of being precise, reproducible and effective to a great extent. It also has the ability to stimulate before the ablation to avoid ablating the wrong nerve elements, which provides a considerable safety margin." However, the injured worker's past treatment addressing her pain and the efficacy was not provided to support the necessity of an invasive procedure. Therefore, the request for an interventional radiology pulsed radiofrequency ablation of free nerve endings of the radial nerve over scar of right wrist is not medically necessary and appropriate.