

Case Number:	CM14-0024447		
Date Assigned:	06/11/2014	Date of Injury:	10/11/2010
Decision Date:	07/31/2014	UR Denial Date:	02/11/2014
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 has a subspecialty in Pain 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 injured worker is a 58-year-old male with a date of injury of October 11, 2010. The patient has diagnoses of cervical facet arthropathy, cervical radiculopathy (with evidence of left C8 radiculopathy on an electrodiagnostic study dated January 18, 2013), cervical degenerative disc disease, and cervical disc herniations. The patient has had a previous cervical radiofrequency ablation performed on August 13, 2013. A utilization review determination on February 11, 2014 had noncertified the request for radiofrequency ablation. The rationale for this denial was that the patient continues with cervical radiculopathy symptoms which would be a contraindication to radiofrequency ablation based on guidelines. The 2nd disputed request is for tagging dermal patches to help affixed fentanyl patches. The utilization reviewer felt that the fentanyl was not indicated in this case as it is not appropriate for routine musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CERVICAL MEDICAL BRANCH RADIOFREQUENCY ABLATION C5-C7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Radiofrequency Ablation Topic.

Decision rationale: In the case of this injured worker, there is documentation in a progress note on April 21, 2014 that the patient had a good response to previous radiofrequency ablation of the cervical facet. This included both a decrease in pain and improved range of motion. Although the utilization review determination noted that cervical radiculopathy symptoms are present, this issue is being addressed with cervical epidural steroid injections. The presence of radicular symptoms should not obviate the need for repeat cervical radiofrequency ablation. Therefore, the request for bilateral cervical medical branch radiofrequency ablation C5-C7 is medically necessary and appropriate.

TEGADERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Section 9792.21(c).

Decision rationale: In the case of this injured worker, the request is for help affixed the fentanyl patches which fall off at times. Tegaderm is a transparent occlusive dressing designed for wound treatment. In the submitted documentation, there is no discussion of trialing a cheaper alternative such as the use of skin tape. Therefore, the request for Tegaderm Patches is not medically necessary and appropriate.