

Case Number:	CM14-0028725		
Date Assigned:	06/16/2014	Date of Injury:	01/11/2003
Decision Date:	08/04/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year old female with an injury date on 01/11/2003. The listed diagnoses per [REDACTED] dated 02/18/2014 are: 1. Post cervical fusion 2. Left cervical facet pain. According to this report, the patient complains of mild neck pain with some radiation towards the shoulder. There was tenderness over the cervical spine. Cervical range of motion reveals stiffness and discomfort with extension and rotation. The patient's current medication is Hydrocodone-acetaminophen. On 06/13/2013, the patient had a cervical radiofrequency ablation of the medial branch nerves to the C2/3, C3/4, C4/5, and C5/6 facet joints on the left. Per 09/23/2013 report, the patient got greater than 75% reduction in her left sided neck pain which has persisted since the procedure. The patient VAS score is 3/10. There were no other significant findings noted on this report. The utilization review denied the request on 03/05/2015. [REDACTED] is the requesting provider, and he provided treatment reports from 08/28/2013 to 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDE CERVICAL RADIOFREQUENCY AT C2-3, C3-4, C4-5, C5-6: Upheld

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, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), on RF ablation, lumbar spine.

Decision rationale: According to the 02/18/2014 report by [REDACTED] this patient presents with neck pain and shoulder pain. The treating physician is requesting a left side radiofrequency at C2-C3, C3-C4, C4-C5, and C5-C6 levels. Review the reports from 09/23/2013 to 02/18/2014 indicates the patient feels stable overall, no changes in symptoms, and getting good relief from injections. For repeat injections during therapeutic phase, documented improvement in VAS score, decreased medications and documented improvement in function at least 50% pain relief for at least 12 week, with a general recommendation of no more than 3 blocks per year. Review of the reports from 08/28/2013 to 02/18/2014 do not show any discussion regarding pain reduction, functional improvement or medication use reduction following cervical RFA from June 2013. In addition, the ODG guidelines state Radiofrequency neurotomy may be reasonable for select patients with cervical pain, with no more than two joint levels should be treated. In this case, the requested left side radiofrequency at C2-C3, C3-C4, C4-C5, and C5-C6 levels (4 levels) exceed what is allowed per ODG guidelines. Therefore, the request is not medically necessary and appropriate.