

Case Number:	CM14-0029083		
Date Assigned:	03/19/2014	Date of Injury:	06/26/2007
Decision Date:	04/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 Management 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:

This is a patient with a date of injury of 6/26/07. A utilization review determination dated 10/15/13 recommends non-certification of fluoroscopically guided right C4-5, C5-6, C7-T1 radiofrequency nerve ablation. 10/3/13 medical report identifies neck pain radiating to the right shoulder, biceps, radial arm, and radial forearm with numbness and paresthesias with increased right shoulder pain. On exam, there is tenderness over the paraspinal muscles overlying the C4-T1 facet joints. Cervical and right shoulder ROM restricted by pain in all directions, with cervical extension worse than flexion. Impingement signs were positive, as were facet joint provocative maneuvers. Muscle strength is 4+/5 in the right deltoid, wrist extensors, and triceps. The patient is noted to be s/p positive diagnostic right C4-5, C5-6, and C7-T1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION TREATMENT OF NERVE: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, facet joint paint, signs & symptoms, Facet joint radiofrequency neurotomy

Decision rationale: Regarding the request for injection treatment of nerve, it appears that this request is in reference to a fluoroscopically guided right C4-5, C5-6, C7-T1 radiofrequency nerve ablation. CA MTUS states that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular and at no more than two joint levels, and documentation of failed conservative treatment including home exercise, physical therapy and NSAIDs. Within the documentation available for review, the patient is noted to have radicular complaints corroborated by physical exam findings and the request is for treatment at more than two joint levels. In light of the above issues, the currently requested injection treatment of nerve is not medically necessary.