

Case Number:	CM14-0045886		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2009
Decision Date:	08/25/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 53-year-old female who reported an injury on 05/18/2009 due to secretarial type work with repetitive type of trauma. The injured worker had a history of bilateral neck pain radiating to the right upper extremity with a diagnosis of cervicalgia. The MRI dated 12/03/2009 of the cervical spine indicated spondylosis of the cervical spine to the left with hypertrophic facet arthrosis. The MRI dated 02/25/2011 of the cervical spine indicated bilateral T12 hyperintense lesions with scoliosis of the cervical spine at the C5-6 with disc herniation. The diagnostics included an electromyogram/nerve conduction study dated 02/17/2011 revealed normal finding to the bilateral upper extremities. The past treatment dated 02/04/2013 included a facet injection at the C4-7. The medications included Norco 325/10 mg, Mobic 7.5 mg, and methocarbamol 500 mg. The injured worker had reported his pain at worst, being 8/10 using the VAS. The treatment plan includes physical therapy, heat, stretching exercise, increase lunch break to 90 minutes, and medication refill. The Request for Authorization dated 04/17/2014 was submitted with the documentation. The rationale for the cervical radiofrequency ablation was the injured worker felt that it would give her some relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical radiofrequency ablation of third occipital nerve (TON), C3, C4-5, C5-6, and C6-7 (quantity: 5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back (acute & chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The request for Right cervical radiofrequency ablation of third occipital nerve (TON), C3, C4-5, C5-6, and C6-7 (quantity: 5) is not medically necessary. The Official Disability Guidelines state that facet joint radiofrequency neurotomies are under study with conflicting evidence. The criteria for a cervical facet radiofrequency neurotomy include that the injured worker has a diagnosis of facet joint pain, approval depends on the variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function, no more than 2 joint levels are to be performed at 1 time, and there should be evidence of a formal plan of rehabilitation in addition to the facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval of at least 6 months from the first procedure. Duration of the effect after the first neurotomy should be documented of at least 12 weeks at greater than 50% relief. The current literature does not support that the procedure is successful without sustained pain relief. No more than 3 procedures should be performed in a year's period. Per the clinical notes, the neck pain has radiated down to the upper extremity, causing numbness. Per the guidelines, there should be no evidence of radicular pain. The request is for multiple levels. Per the guidelines, there should be no more than 2 levels performed at 1 time. As such, the request is not medically necessary.