

Case Number:	CM14-0048068		
Date Assigned:	07/02/2014	Date of Injury:	01/20/1998
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family 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:

This is a 53-year-old female patient with a 1/20/98 date of injury. She injured herself due to cumulative trauma. A progress report dated on 1/24/14 indicated that the patient had a history of chronic neck pain radiating to the left shoulder, recently inside of her shoulder blade and left armpit. The patient underwent cervical epidural injection with no significant pain relief. The patient had left sided facet joint injection with good relief. She also had diagnostic medial branch nerve block on 01/2005 and 08/2008 at left C5-C6. Her pain presented all the time and varied from 3/10 to 6-7/10. She described her pain as constant aching, throbbing and intermittent sharp stabbing in the neck. She also complained of pins and needles sensation and burning sensation and electric shock like sensation in the distribution of ulnar nerve. Diagnostic Impression: Chronic Neck Pain. Treatment to date: medication management, chiropractic treatment, physical therapy, epidural steroid injection, facet joint injection, and medial branch nerve block. There is documentation of a previous 4/7/14 adverse determination, based on the fact that guidelines indicated that there was limited evidence that this procedure may be effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left C3, C4, C5 and C6 radio frequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS does not address this issue. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. The patient presented with pain in her neck radiating to her left upper extremity. It was noted that the patient had a previous facet joint injection with good relief. However, there was no objective assessment of pain relief on VAS scale. In addition, there was no evidence of duration of pain relief. Therefore, the request for 1 Left C3, C4, C5 and C6 radio frequency ablation was not medically necessary.