

Case Number:	CM14-0085396		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2002
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 01/27/2002 after he was hit by a 4 wheeler ATV. The injured worker reportedly sustained an injury to multiple body parts and suffered severe burns requiring skin grafts. It was documented that the injured worker previously underwent radiofrequency ablation at the C4, C5, and C6 that contributed to pain resolution. It was noted that the injured worker had undergone medial branch blocks at the C7 and C8 medial branch blocks on 05/09/2013 that provided 70% pain relief for 1 day. The injured worker's diagnosis included facet arthropathy. A request was made for left-sided C7, C8 cervical radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C7, 8 CERVICAL RADIO FREQUENCY ABLATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine recommend radiofrequency ablation for patients who have an appropriate response to medial branch blocks. The clinical documentation submitted for review does indicate that the injured worker underwent a medial branch block at the C7 and C8 medial branches that provided over 70% pain relief for 1 day. Official Disability Guidelines recommend radiofrequency ablations be based on at least 70% pain relief due to medial branch blocks at the requested levels. As the injured worker has had an appropriate response to medial branch blocks a radiofrequency ablation would be considered the next appropriate treatment. As such, the requested Left C7, C8 Cervical Radiofrequency Ablation is medically necessary and appropriate.