

Case Number:	CM14-0090946		
Date Assigned:	09/10/2014	Date of Injury:	02/11/2012
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 underlying date of injury in this case is 02/11/2012. The initial utilization review under appeal is 06/05/2012. The treating diagnoses include C3-T1 disc degeneration with stenosis and spondylosis, lumbar pain, neurogenic claudication, chronic fatigue syndrome, and status post left shoulder rotator cuff repair. On 01/29/2014, an electrodiagnostic study demonstrated bilateral carpal tunnel syndrome, bilateral ulnar neuropathies, and bilateral C6 and S1 radiculopathies. This procedure was done for the chief complaint of chronic pain in all joints of the neck and back as well as a recent shoulder surgery and also numbness in the hands, fingers, and feet. On 12/15/2013, the primary treating physician submitted a review of medical records report. The primary treating physician reviewed this patient's history of multifocal pain including severe numbness all over his body and noted the patient was hesitant to proceed with further pain management procedures at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-7 facet blocks injection with radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Neck & Upper Back Procedure Summary (04/14/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: ACOEM guidelines, Chapter 8, Neck, page 174, states that invasive techniques, including trigger point injections, have no proven benefit in treating acute neck symptoms. This guideline particularly flies in the face for a number of reasons. First, the medical records outline diffuse numbness or radicular symptoms; this clinical presentation is not suggestive of facet mediated signs or symptoms. Moreover, the request at this time is for invasive pain management at multiple levels, which is not consistent with Official Disability Guidelines/Treatment in Workers Compensation/Neck/facet injections which recommends at most treatment at 2 levels at a time. Most notably, it is not clear what type of injection is requested at this time, as the request is for "facet blocks with radiofrequency ablation" which could be interpreted either as a request for intraarticular facet blocks or a request for radiofrequency ablation treatment. Overall, the medical records do not provide a rationale or basis to support either a diagnosis of facet mediated pain or an indication for the requested treatment. This request is not medically necessary.