

Case Number:	CM13-0052875		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2008
Decision Date:	12/09/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 60-year-old male who reported injury on 05/22/2008. The mechanism of injury was not provided. The patient's diagnosis was noted to be right cervical facet pain improved post radiofrequency. The patient was noted to have right-sided cervical facet pain and was 10 months post-radiofrequency with return of symptoms. The patient indicated they got excellent pain relief for over 10 months with significant functional improvement and greater than 75% reduction in neck pain. The patient had tenderness to palpation over the right-sided cervical facets, but not over the left. The motor strength was 5/5, and the sensation was intact in the upper extremities. The request was made for a right cervical radiofrequency at C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical radiofrequency ablation at C3-4, C4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, online edition, Neck & Upper Back chapter: Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back chapter: Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM Guidelines indicate that facet joint injections do not meet inclusion criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that facet joint radiofrequency neurotomies are under study, and a repeat neurotomy requires a duration of effect after the first neurotomy for at least 12 weeks at greater than 50% relief. Clinical documentation submitted for review indicated the patient had 75% reduction in neck pain for over 10 months. Initially, the documentation indicated the patient was able to discontinue using Percocet. The patient was noted to be able to exercise. The patient was noted to have facet signs and symptoms. Given the above and the patient meeting the criteria for a cervical radiofrequency neurotomy, the request for right cervical radiofrequency at C3-4, C4-5 is medically necessary.