

Case Number:	CM14-0169862		
Date Assigned:	10/20/2014	Date of Injury:	11/27/1995
Decision Date:	04/22/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 11/27/1995. She reported cervical spine injury. The injured worker was diagnosed as having cervicobrachial syndrome. Treatment to date has included MRI cervical spine (3/21/13); status post right sided cervical radiofrequency ablation C4, C5, C6 with benefit (12/16/13). Currently, per PR-2 dated 1/14/15, the injured worker complains of neck and bilateral upper extremity pain. The provider indicates "To clarify, the patient had 75% relief of focal pain with rotation of neck and extension." This lasted greater than 9 months. The requested cervical facet radiofrequency ablation is to allow the injured worker to perform activities of daily living with less pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical facet radiofrequency ablation: Overturned

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, 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) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago. She underwent right C4, C5, C6, radiofrequency ablation in December 2013 with reported benefit lasting for 8-9 months with improved ability to function including activities such as driving. Criteria for a repeat cervical radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, the criteria are met and therefore the repeat radiofrequency ablation treatment was medically necessary.