MAXIMUS Federal Services

Case Number:	CM14-0190556		
Date Assigned:	11/24/2014	Date of Injury:	02/24/2011
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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. The expert reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 02/24/2011. The mechanism of injury was a motorcycle versus motor vehicle accident. His diagnoses included lumbar spinal stenosis, facet joint arthrosis, cervical spinal stenosis, and cervical facet joint arthrosis. Imaging studies were noted to include a lumbar spine x-ray on 05/18/2012, which was noted to reveal probable disc protrusion at L5-S1, and a cervical spine x-ray on 05/18/2012, which was noted to reveal probable disc protrusion at C5-6. Previous MRIs were also reported to indicate bilateral facet arthropathy at L3-4 and L4-5, and joint hypertrophy with endplate spurring and osteophyte complexes at C3-4, C5-6, and C6-7. His surgical history was not included. The pain management evaluation, dated 09/17/2014, noted the injured worker complained of constant pain to his neck and lower back, which is increased with mechanical type activity. The physical exam noted tenderness and guarding to the lumbar paraspinal musculature and lumbar spine range of motion was decreased secondary to pain. His medications included aspirin 81 mg, and no other medication related to pain. The treatment plan noted the injured worker had "dramatic relief" of his neck pain with the use of the H-wave device, and encouraged him to use the H-wave unit on his lower back also. No further treatment was recommended. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency ablation to the cervical spine QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 3rd edition, 2011, cervical and thoracic spine disorders, page 225

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for radio frequency ablation to the cervical spine QTY: 1.00 is not medically necessary. The injured worker had unspecified neck pain. The pain was noted to have improved with epidural steroid injection and H-wave unit. The California MTUS/ACOEM Guidelines note facet neurotomies or radiofrequency ablations should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no documentation of a medial branch block. As such, the request for radiofrequency ablation to the cervical spine is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Radiofrequency ablation to the lumbar spine QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 3rd Edition, 2011, Low Back Disorders, page 619

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for radio frequency ablation to the lumbar spine QTY: 1.00 is not medically necessary. The injured worker had unspecified back pain. The pain was noted to have improved with epidural steroid injection. The California MTUS/ACOEM Guidelines note facet neurotomies, or radiofrequency ablations, should be performed only after appropriate response to medial branch diagnostic blocks. There is no documentation of a medial branch block. As such, the request for radiofrequency ablation to the cervical spine is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.