MAXIMUS Federal Services

Case Number:	CM14-0197388		
Date Assigned:	12/05/2014	Date of Injury:	10/01/1990
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehabilitation, has a subspecialty in Pain Medicine 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 worker is a 35-year-old male with an original date of injury on October 1, 1990. The patient has chronic neck pain, cervical facet syndrome, and cervical radiculopathy. Patient has undergone prior cervical fusion at the C6-C7 levels. The patient is also had radiofrequency ablation of the cervical spine. In May 2013 cervical MRI demonstrated at degenerative changes and cervical stenosis. A utilization review has denied the disputed issue of one consultation and ablation treatment in a denial letter on November 13, 2014. The rationale for this denial was that the patient has not had medial branch blocks, and is not a candidate for medial branch blocks given the presence of particular symptoms at the present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation and ablation treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127 Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet

Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: According to a progress note on date of service October 3, 2014, this injured worker has had previous radiofrequency ablation of the cervical spine. The note documents that the patient had right radiofrequency ablation done one year ago and had 75% relief that lasted 8 to 9 months. This note also states in the treatment plan that there is a request for medial branch blocks for the last C3 through C6 levels. It has been 10 months since the last procedure according to this note. The original procedure notes for the previous radiofrequency ablation are not available for review. Although there is documentation of pain decreased following radiofrequency ablation, it is not readily apparent if the current levels requested for radiofrequency ablation are the same.In the case of this two part request, the consultation component is appropriate and would allow a pain physician to determine whether a repeat medial branch blocks is warranted or to supply the levels of the previous radiofrequency ablation including the procedure note. However, the repeat radiofrequency ablation itself is not medically necessary due to a lack of documentation. If the consulting provider provides requisite information including the previous levels of ablation, previous procedure notes, and level of pain improvement, then a repeat radiofrequency may be warranted. Since the independent medical review process cannot modify request, this entire two-part request is not medically necessary.