

Case Number:	CM15-0004373		
Date Assigned:	01/15/2015	Date of Injury:	11/30/2006
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old man sustained an industrial injury on 11/30/2006. The mechanism of injury is not detailed. Current diagnoses include mild right carpal tunnel syndrome, mild left cubital tunnel, left cervical facet joint pain, cervical facet joint arthropathy, cervical disc protrusion, moderate to mildly severe left inferior neural foraminal stenosis, moderate right neural foraminal stenosis, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, and lumbar radiculopathy. Treatment has included oral medications, and radiofrequency ablation. Physician notes dated 11/4/2014 show complaints of exacerbation of the bilateeral neck pain. Recommendations include radiofrequency ablation to C4-C5, C5-C6, and C6-C7, MRI of the bilateral shoulders and cervcial spine, flector patch, and follow up in six weeks. There is notation that the worker's last ablation helped the pain level decrease by 50% for 14 months and the worker has failed physical therapy, NSAIDs, and other conservative treatments. On 12/16/2014, Utilization Review evaluated a prescription for repeat fluoroscopically guided bilateral C4-C5, C5-C6, C6-C7 facet joint radiofrequency nerve ablation, that was submitted on 1/8/2015. The UR physician noted that the request is for ablation at three different levels. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Mediacal Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Fluoroscopically-guided bilateral C6-C7 facet joint radiofrequency nerve ablation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 11/30/2006. The medical records provided indicate the diagnosis of mild right carpal tunnel syndrome, mild left cubital tunnel, left cervical facet joint pain, cervical facet joint arthropathy, cervical disc protrusion, moderate to mildly severe left inferior neural foraminal stenosis, moderate right neural foraminal stenosis, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, and lumbar radiculopathy. Treatments have included oral medications, and radiofrequency ablation. Physician notes dated 11/4/2014 show complaints of exacerbation of the bilateral neck pain. Recommendations include radiofrequency ablation to C4-C5, C5-C6, and C6-C7, flexor patch, and follow up in six weeks. The last ablation helped the pain level decrease by 50% for 14 months and the worker has failed physical therapy, NSAIDs, and other conservative treatments. The medical records provided for review do not indicate a medical necessity for Repeat Fluoroscopically-guided bilateral C6-C7 facet joint radiofrequency nerve ablation. The MTUS recommends against the use of facet injection. Although the Official Guidelines recommends its use, this guideline recommends against injecting into more than two joint levels time. Furthermore, the Official Disability Guidelines states, "If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks." .