

Case Number:	CM15-0006256		
Date Assigned:	01/26/2015	Date of Injury:	02/21/2007
Decision Date:	04/15/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 45 year old female, who sustained an industrial injury on 2/21/07. The injured worker has complaints of severe right shoulder and wrist pain. The diagnoses have included right medial and lateral epicondylitis; chronic cervicobrachial syndrome and chronic myofascial pain syndrome. According to the utilization review performed on 12/29/14, the requested Fluoroscopically guided left C2-C3 and left C3-C4 facet joint radiofrequency nerve ablation has been non-certified. Official Disability Guidelines facet ablation was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left C2-C3 and left C3-C4 facet joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Low Back, Facet joint radiofrequency neurotomy; Pain, Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The official disability guidelines indicate that the criteria for cervical facet neurotomy treatment include a positive response from and facet joint diagnostic block. The attach medical record does not indicate that the injured employee has previously received diagnostic blocks for the cervical spine. As such, this request for a cervical spine radiofrequency nerve ablation is not medically necessary.