

Case Number:	CM15-0007415		
Date Assigned:	01/22/2015	Date of Injury:	03/01/2004
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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

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 67-year-old male who reported an injury on 03/01/2004. He subsequently underwent a C4 through C7 anterior discectomy and fusion in 01/2005 but continued to have chronic pain. A previous request had been made for a CT scan of the cervical spine and for a radiofrequency ablation which were non-certified due to no plain film x-rays identifying pseudo arthrosis and no documentation of facet mediated pain. There was also no detailed evidence of recent conservative nonoperative treatment such as physical therapy, NSAIDs, or home exercise program. As of 09/2014, the injured worker as also 11 months status post left shoulder replacement. He had been authorized for 6 sessions of physical therapy which were authorized. His prior treatments included the use of hydrocodone and Flector patches with his complaints indicating increased pain with prolonged sitting, using arms when walking as well as accompanied sensation of swelling. The injured worker stated that Biofreeze helped to decrease his pain. He had also undergone trigger point injections x10 as of 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan cervical with no contrast: 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), Neck and Upper Back, Computed tomography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Computed tomography (CT).

Decision rationale: According to the California MTUS/ACOEM Guidelines, without any significant symptoms of radiculopathy on examination, and without having any current plain film x-rays of the cervical spine ruling out any neurologic deficits, the requested computed tomography is not considered a medical necessity for the injured worker at this time.

Radiofrequency 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), Neck and Upper Back, Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Without having any identification of facet mediated pain or positive response to a facet injection at the unspecified level, the requested radiofrequency ablation cannot be supported and is non-certified. Additionally, under the California MTUS/ACOEM Guidelines, facet injections, although supported for facet mediated pain, cannot be warranted without current documentation of facet mediated pain at a specified level with positive response to facet injections. The guidelines further indicate there is limited evidence regarding the efficacy of radiofrequency neurotomy for chronic neck pain. Therefore, the request is not medically necessary.