

Case Number:	CM15-0007841		
Date Assigned:	01/26/2015	Date of Injury:	09/27/1996
Decision Date:	03/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 71 year old female with an industrial injury dated 09/27/1996 resulting in neck and back pain. The mechanism of injury is not documented. At presentation on 12/24/2014 she was complaining of neck pain progressing and radiating into her shoulders and back of head, causing headaches. Physical exam revealed tenderness at the level of cervical 3-6. Palpatory findings included bilateral muscle spasms. Trigger points were identified. Flexion was restricted and was painful. Extension was not restricted but was painful. Diagnoses included disc degeneration, lumbar; post laminectomy syndrome, lumbar; cervical disc displacement, cervical spondylosis and cervicalgia. Prior treatment includes cervical trigger point injections, bilateral cervical 3-6 radiofrequency ablation (with improvement) and pain medications. She had also had lumbar surgery in February 2014. On 01/08/2015 Utilization Review non-certified the request for bilateral radio frequency ablation at cervical 3,4,5,6 with sedation. Official Disability Guidelines (ODG) was cited. California MTUS does not specifically address this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation at C3, 4, 5, 6 with sedation: 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 Chapter, Facet joint neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Neck and upper back

Decision rationale: Bilateral radiofrequency ablation at C3,4,5,6 with sedation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Furthermore the ODG states that no more than two joint levels are to be performed at one time. The documentation does not reveal that the patient has met the criteria for a repeat procedure as the patient has had 40% improvement after a bilateral C3, C4, C5, C6 ablation in May/June 2014. Therefore the request is not medically necessary.