

Case Number:	CM15-0105075		
Date Assigned:	06/09/2015	Date of Injury:	01/26/2006
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female who sustained an industrial injury on 01/26/06. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and radiofrequency denervation of the lumbar facet joints on 02/5/15 with reduction in low back pain. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbar and cervical spondylosis, lumbar radiculopathy, sacroiliac pain, and lumbar degenerative disc disease. In a progress note dated 04/27/15 the treating provider reports the plan of care as a repeat cervical radiofrequency ablation, medications including Norco and Fentanyl patches. The requested treatments are bilateral C3-5 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3-5 Radiofrequency Ablation under IV 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 (Acute and Chronic) chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (2) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in January 2006 and continues to be treated for chronic neck pain. She underwent an anterior cervical decompression and fusion from C3-C7 in June 2014. When seen, there was decreased low back pain after lumbar medial branch radiofrequency ablation in February. She was having increasing neck pain. There was facet joint tenderness and decreased cervical spine range of motion and pain with extension and rotation. Consideration of medial branch radiofrequency ablation requires a diagnosis of facet mediated pain by diagnostic blocks, which should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has had a multilevel cervical fusion including all of the levels for which treatment is being requested. The requested procedure is not considered medically necessary.