

Case Number:	CM15-0108120		
Date Assigned:	06/12/2015	Date of Injury:	09/27/1993
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64-year-old female who sustained an industrial injury on 9/27/93. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc and displacement of cervical intervertebral disc without myelopathy. Currently, the injured worker was with complaints of neck pain. Previous treatments included radiofrequency lesioning (January 2013), activity modification, physical therapy, physiatrist, epidural steroid injection, and medication management. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured workers pain level was noted as 7/10. The plan of care was for radiofrequency lesioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency Lesioning of medial brances right C3, C4, C5 under fluoroscopy guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179. Decision based on Non-MTUS Citation ODG- and Neck pain pg 26.

Decision rationale: According to the guidelines: Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. 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. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the MBB are pending and requested. Results of the diagnostic intervention are unknown. In addition, the neurotomies are under study and the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. As a result, the request above is not medically necessary.