MAXIMUS Federal Services

Case Number:	CM15-0108137		
Date Assigned:	06/12/2015	Date of Injury:	01/25/2000
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
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: New York
Certification(s)/Specialty: Internal 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 60-year-old female with a January 25, 2000 date of injury. A progress note dated April 27, 2015 documents subjective findings (continued improvement following cervical spine medial branch block on April 16, 2015; pain rated at a level of 2/10 the day after the procedure; much pain in the right greater than left neck and shoulder girdle rated at a level of 5-6/10), objective findings (cervical spine spasm; tenderness to palpation; marked cervical pain in all motions; decreased range of motion of the cervical spine), and current diagnoses (cervical degenerative arthritis; cervical facet arthralgia; rotator cuff and biceps tendinitis). Treatments to date have included medications (provide about 50% relief), physical therapy, only partially effective), and medial branch blocks. The treating physician documented a plan of care that included radiofrequency ablation for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at bilateral C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Neck and Upper Back Chapter: Facet joint therapeutic steroid injections.

Decision rationale: The ODG states that medial branch blocks are generally considered diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the claimant underwent cervical medial branch blocks at the same levels on 4/16/15. There is no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. There is no indication for repeat injection at the same levels after this short of a time period since the previous injections. Medical necessity for the requested service is not established. The requested service is not medically necessary.