

Case Number:	CM15-0133094		
Date Assigned:	07/21/2015	Date of Injury:	03/19/2010
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker was a 53 year old male, who sustained an industrial injury, March 219, 2010. The injured worker previously received the following treatments NCS (and nerve conduction studies) of the upper extremities were normal, Cymbalta, Gabapentin, Trazodone, cervical pillow, CT scan of the cervical spine and cervical x-rays. The injured worker was diagnosed with cervical spine disc disease, cervical disc displacement, lesion of the ulnar nerve, depression, bilateral carpal tunnel syndrome, left ulnar neuropathy at the elbow, cervical radiculopathy at C6 and C7, cervicgia and postlaminectomy syndrome of the cervical spine. According to progress note of June 8, 2015, the injured worker's chief complaint was pain in the neck and left upper shoulder. The injured worker reported the pain typical. The medial branch nerve blocks on February 10, 2015 provided about 70% pain relief for 2 hours. The injured worker had a left sided cervical facet radiofrequency ablation on May 5, 2015 but adequate stimulation of the cervical medial branch was not achieved. The physical exam noted normal muscle tone of the bilateral upper extremities. The gait and station were normal. The injured worker was in pain. The treatment plan included a cold radiofrequency ablation at the left of C7 and T1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Cold Radiofrequency Ablation, at left C7 and T1 Medial Branch Nerves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency ablation.

Decision rationale: Guidelines do not recommend cold radiofrequency ablation unless it is done with minimal volume and non-analgesic sedation after sensory testing has been done. In this case, it is not clear how the patient's previous ablation was done and it appears that the attempt for sensory testing was not successful. The request for pain management cold radiofrequency ablation is not medically necessary.