

Case Number:	CM15-0140440		
Date Assigned:	08/07/2015	Date of Injury:	02/05/2010
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

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 47 year old male, who sustained an industrial injury on February 5, 2010. The injured worker experienced a second injury on December 4, 2014 causing an increase in thoracic pain, per note dated June 8, 2015. The initial diagnosis or symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included chiropractic care, thoracic radiofrequency ablation, medication, physical therapy, toxicology screen, MRI and laboratory tests. Currently, the injured worker complains of mid back pain that radiates into his ribs. He also reports sleep disturbance. The injured worker is currently diagnosed with thoracic pain, thoracic spondylosis, and thoracic disc degeneration. A note dated April 24, 2015, states the injured worker's pain level decreased from 7 on 10 to 0 on 10 after the thoracic radiofrequency ablation and lasted for approximately 6 months. The note also states, the injured worker was able to experience improved function and engage in activities of daily living. The note further states, the injured worker experiences efficacy from pain medication and rehabilitation. In a note dated June 8, 2015 the injured worker experienced therapeutic efficacy from the thoracic radiofrequency ablation. A note dated June 19, 2015, states the injured worker experienced a 70% improvement, in pain, from the thoracic radiofrequency ablation. Due to previous therapeutic efficacy, a repeat bilateral radiofrequency ablation to T4, T5, and T6 under fluoroscopic guidance is requested. A progress report dated August 5, 2015 indicates that the patient's pain is rated as 2/10 with medication. Notes indicate that the patient is able to perform his ADLs and increases activity level with medication. Facet nerve blocks with IV sedation were performed on October 22, 2013 and radiofrequency was performed on December 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral radiofrequency ablation to T4, T5, T6 under fluoroscopic guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187, 300-301, and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, there is no identification that the patient underwent medial branch blocks without sedation, in accordance with guidelines, with significant reduction in pain for the duration of the local anesthetic affect. Furthermore, the patient's current pain scores 2/10 and there is no documentation of any functional deficits which are expected to improve with the currently requested procedure. In the absence of clarity regarding those issues, the currently requested repeat radiofrequency ablation is not medically necessary.