

Case Number:	CM15-0142571		
Date Assigned:	08/03/2015	Date of Injury:	06/24/1997
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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 39 year old female who sustained an industrial injury on 06-24-1997. The injured worker was diagnosed with cervical facet joint arthropathy, cervical disc protrusion with stenosis and cervical degenerative disc disease. The injured worker has a medical history of diabetes mellitus, hypertension, plantar fasciitis and gouty arthritis. The injured worker is status post right shoulder arthroscopy in 1999 and 2004. Treatment to date has included diagnostic testing, positive right C2-C3, C5-C6 and C6-C7 facet joint medial branch block (no date documented), status post cervical radiofrequency ablation right C2-C3, C5-C6 and right C6-C7 (June 12, 2104), physical therapy, conservative measures and medications. According to the primary treating physician's progress report on July 7, 2015, the injured worker continues to experience neck pain radiating to the right upper extremity with numbness and paresthesias. Examination of the cervical spine demonstrated restricted range of motion in all planes, worse on extension than cervical flexion, with tenderness to palpation of the cervical paravertebral muscles overlying the right C2-C3 and C5-T1 facet joints. Cervical facet maneuvers and nerve root tension signs were positive on the right. Motor strength and deep tendon reflexes were within normal limits of the bilateral upper extremities. Current medications are listed as Norco 10mg-325mg, medical THC, Robaxin, Neurontin, Relafen, Ativan, Zoloft and Omeprazole. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of fluoroscopically guided radiofrequency nerve ablation right C2-C3 right C5-C6 right C6-C7 between July 7, 2015 and September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided radiofrequency nerve ablation right C2-C3 right C5-C6 right C6-C7: Overturned

Claims Administrator 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 and Upper Back (Acute & Chronic): Facet joint radiofrequency neurotomy.

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 1997 and continues to be treated for neck pain. She underwent a three level cervical radiofrequency ablation in June 2014 with a reported 50% decrease in pain lasting for seven months. Prior treatments had included diagnostic medial branch blocks at C2-3 and separately at C5-6 and C6-7. When seen, there was decreased cervical spine range of motion with paraspinal muscle tenderness. Cervical facet joint testing was positive. There was a normal neurological examination. Authorization for a repeat three level cervical radiofrequency ablation treatment was requested. Criteria for a repeat cervical radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, these criteria are met. The claimant has already had separate confirmatory blocks at the levels being requested that were done within the guidelines recommendation. Although medial branch radiofrequency ablation at more than 2 levels is not recommended, she had previously undergone the same procedure. Treatment of only two levels might produce less than the previously obtained 50% improvement and prevent further medial branch radiofrequency ablation treatments if needed. The alternative would be to request separate procedures on different days. The criteria would be met in full and the request would be approved at a greater overall cost. The repeat radiofrequency ablation treatment as requested is appropriate and should be considered medically necessary.