

Case Number:	CM15-0148822		
Date Assigned:	08/12/2015	Date of Injury:	10/06/1995
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female with an industrial injury dated 10-06-1995. Her diagnoses included spondylosis and cervical and lumbar spondylosis. Prior treatment included cervical facet injections, medications and diagnostics. She presented on 6-17-2015 with complaints of neck and shoulder pain. Physical exam revealed pain and spasms with cervical extension. Right lateral flexion caused spasms. Palpable trigger points were noted. Treatment plan included radio frequency lesioning and medications. The treatment request is for cervical radiofrequency ablation and lesioning, C3-C7, right sided times one (1) with fluoroscopy and monitored anesthesia as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency ablation and lesioning, C3-C7, right sided time one (1) with fluoroscopy and monitored anesthesia as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, criteria for the use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Radiofrequency Ablation.

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Cervical radiofrequency and lesioning, C3-C7, right sided time one (1) with fluoroscopy and monitored anesthesia. The treating physician report dated 8/4/15 (13B) states, "She had the left sided RFL which reduced that pain by over 80% but the right side is now very severe and is even causing some referral of pain onto the left side." The report goes on to state, "She needs to have the right RFL done as soon as possible. She is not receiving any medications and her pain is very severe." The MTUS guidelines do not address radiofrequency ablation. However, ODG guidelines provide specific criteria for this procedure. The criteria for facet joint radiofrequency neurotomy states no more than 2 levels are to be performed at one time. There also should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. For repeat RF ablation, 50% reduction of pain lasting at least 12 weeks are required. In this case, while the patient has had 80% relief from previous RF ablation, the four levels proposed for RFA exceeds what is allowed by the ODG guidelines. The current request does not satisfy the ODG guidelines as outlined in the "Neck and Upper Back" chapter. The current request is not medically necessary.