

Case Number:	CM15-0186816		
Date Assigned:	09/28/2015	Date of Injury:	07/26/2005
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on July 26, 2005, incurring mid back injuries. She was diagnosed with right sided cervical and thoracic facet pain. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, sleep aides, Radiofrequency Ablation, medial branch blocks with relief for greater than one day and modified activities. Currently, the injured worker complained of a persistent thoracic backache. She had prior Radiofrequency Ablation achieving 100% relief for one to two years. She noted tenderness over the right sided thoracic facet joints with painful extension and rotation. She noted the consistent pain interfered with her sleep. She continued to work full time duties. The treatment plan that was requested for authorization included a right thoracic Radiofrequency Ablation with sedation and fluoroscopy. On September 8, 2015, a request for a right thoracic Radiofrequency Ablation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thoracic radiofrequency T7-T8 and T8- T9 with iv sedation and fluoroscopy: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26-30.

Decision rationale: According to the guidelines, radiofrequency neurotomy requires the claimant have no radicular symptoms and therapeutic response to blocks. In this case, the claimant had prior blocks and ablation with substantial and prolonged benefit. However, there is no indication that the claimant cannot tolerate the procedure without sedation. There was no justification to use fluoroscopy. As a result, the ablation as requested above is not medically necessary.