

Case Number:	CM15-0188659		
Date Assigned:	09/30/2015	Date of Injury:	02/01/1999
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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 79 year old female who sustained an industrial injury February 1, 1999. Past history included status post cervical spinal fusion C5-C7, hepatitis B, stage 2-3 renal failure, and polio (stable). Diagnoses are cervical spine degenerative disc disease; cervical facet disease. Past treatment included on-going pain management with an anesthesiology pain specialist, injections, and medication. According to an initial pain management visit dated July 30, 2015, the injured worker presented with pain in the left side of her face, left ear, neck, into her left shoulder and arm, rated 8-9 out of 10. Current medication included Percocet, Zanaflex, Fentanyl patches, Subsys (last script March 2015). Physical examination included; cervical spine- straightening of the normal cervical alignment and curvature; decreased range of motion past 45 degrees of flexion, 30 degrees of extension, 45 degrees of lateral tilt and rotation; moderate to severe pain from the suboccipital area down the left paravertebral area into the left trapezius and scapular muscles; pain with manipulation of the left shoulder; motor and sensory grossly normal in the upper extremities. She had moderate to severe myofascitis. Treatment plan included trigger point injections to her neck and trapezius during this visit, and at issue, a request for authorization dated July 30, 2015, for radiofrequency ablation of the cervical spine. According to utilization review dated August 26, 2015, the request for Radiofrequency Ablation Cervical Spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio Frequency Ablation Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 diagnostic blocks.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1999 while working as a registered nurse. When seen, she was having mostly left-sided neck pain radiating to the base of the skull. Authorization for radiofrequency ablation is referenced. The procedure had not been done for an unclear reason. The authorization has expired. Medications included fentanyl and Zanaflex. Pain was rated at 5/10. She was having difficulty sleeping. Her surgical history included an anterior cervical fusion at C5-C7. Physical examination findings included a body mass index of nearly 36. She had tenderness with spasms. Authorization for left C5-T1 radiofrequency ablation was requested. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Consideration of radiofrequency ablation would require a positive diagnostic block at the requested levels. In this case, being requested is authorization for radiofrequency ablation including at levels where there has been a prior cervical fusion. Criteria for performing diagnostic blocks at these levels would not be met and therefore radiofrequency is not medically necessary.