

Case Number:	CM15-0189141		
Date Assigned:	10/01/2015	Date of Injury:	07/18/2010
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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 54 year old male, who sustained an industrial injury on 7-18-10. The injured worker is being treated for chronic pain syndrome, cervical spondylosis without myelopathy, lumbago, pain disorder, sciatica and facet syndrome. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Orphenadrine, Tramadol, Aricept, Frova, Cymbalta, Amrix and Adderall, cervical blocks, transforaminal epidural steroid injections and home exercise program. On 9-2-15, the injured worker complains of low back and right lower extremity pain and constant headache, midback pain and left shoulder pain. He is awaiting radiofrequency treatments. Physical exam performed on 9-2-15 revealed positive facet loading C3, 4 and 5; and no cervical lordosis. The treatment plan included request for radiofrequency procedure C3, 4 and 5, continuation of oral medications and continuation of exercises. On 9-10-15 a request for right radiofrequency procedures of C3, 4 and 5 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio Frequency Procedure: Right C3, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12: Low Back Disorders, page 619.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, pg 27.

Decision rationale: In this case, the claimant had prior MBB 2 yrs and 1 yr ago with sustained greater than 50% pain relief for several months. In addition, the claimant underwent prior radiofrequency ablation 6 months ago with sustained 60% or more relief. The current exam notes persistent facet tenderness. The claimant is on opioids and pain scores are not mentioned to justify additional facet ablations. In addition, the ACOEM guidelines do not recommend the procedure due to short-term benefits and the ODG guidelines considers it under study. As a result, the request for another C3 ablation is not medically necessary.

Radio Frequency Procedure: Right C4, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12: Low Back Disorders, page 619.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, pg 27.

Decision rationale: In this case, the claimant had prior MBB 2 yrs and 1 yr ago with sustained greater than 50% pain relief for several months. In addition, the claimant underwent prior radiofrequency ablation 6 months ago with sustained 60% or more relief. The current exam notes persistent facet tenderness. The claimant is on opioids and pain scores are not mentioned to justify additional facet ablations. In addition, the ACOEM guidelines do not recommend the procedure due to short-term benefits and the ODG guidelines considers it under study. As a result, the request for another C4 ablation is not medically necessary.

Radio Frequency Procedure: Right C5, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12: Low Back Disorders, page 619.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, pg 27.

Decision rationale: In this case, the claimant had prior MBB 2 yrs and 1 yr ago with sustained greater than 50% pain relief for several months. In addition, the claimant underwent prior

radiofrequency ablation 6 months ago with sustained 60% or more relief. The current exam notes persistent facet tenderness. The claimant is on opioids and pain scores are not mentioned to justify additional facet ablations. In addition, the ACOEM guidelines do not recommend the procedure due to short-term benefits and the ODG guidelines considers it under study. As a result, the request for another C5 ablation is not medically necessary.