

Case Number:	CM15-0192286		
Date Assigned:	10/06/2015	Date of Injury:	07/01/2002
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female, who sustained an industrial injury on 7-01-2002. The injured worker was being treated for bilateral cervical facet pain. Treatment to date has included left cervical radiofrequency 5-2015 at C3-C4, C4-C5 and C5-C6, right cervical radiofrequency 2012 (unspecified), physical therapy, home exercise program, and medications. Currently (8-31-2015), the injured worker complains of right sided neck pain, rated 7 out of 10 (neck pain rated 1 out of 10 on 6-22-2015), not associated with any radicular symptoms. The treating physician documented that she was "doing very well from her left-sided cervical radiofrequency procedure" (5-11-2015), and "she received greater than 85% reduction in her symptoms and has returned to normal range of motion on the left side of her neck". It was documented that she was now able to easier notice the pain on the right side, noting that last right-sided radiofrequency was done in 2012 and she had "excellent results from this until the last two months". She did a self-directed exercise program on a daily basis and the treating physician did not feel that additional physical therapy would provide any significant benefit. Exam noted full range of motion to the left and "about 20 degrees rotation to the right and about 60 degrees rotation to the left". She also had tenderness to palpation over the right sided cervical facet joints, grip was 5 of 5, and sensation was intact. Her current medication regimen included Hydrocodone and Valium. Her current work status was not documented. Magnetic resonance imaging of the cervical spine was not submitted or documented. The treatment plan included a right cervical radiofrequency at the C3-C4, C4-C5, and C5-C6 levels, non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Radiofrequency at the C3-C4, C4-C5. and C5-C6 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition, 2015.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This female patient has complained of neck pain since date of injury 7/1/2002. She has been treated with physical therapy, medications and radiofrequency ablation. The current request is for right cervical radiofrequency at the C3-C4, C4-C5 and C5-C6 Levels. Per the MTUS guidelines cited above, radiofrequency ablation is not a recommended modality for the treatment of neck pain. On the basis of the available medical records and per the guidelines cited above, right cervical radiofrequency at the C3-C4, C4-C5 and C5-C6 Levels is not medically necessary.