

Case Number:	CM15-0195546		
Date Assigned:	10/09/2015	Date of Injury:	02/15/1992
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 73 year old male, who sustained an industrial injury on 2-15-92. The injured worker is diagnosed with post lumbar laminectomy syndrome and post cervical laminectomy syndrome. His work status is regular duty; permanent and stationary. Notes dated 6-29-15 -9-14-15 reveals the injured worker presented with complaints of neck pain that radiates to the left "cervicobrachial" region. The pain is increased by rotation and extension of his neck and upper extremity use. He reports low back pain with numbness and tingling at the front of the left thigh, which is increased by activity. Physical examinations dated 6-19-15, 9-14-15 revealed cervical spine decreased and painful range of motion, tenderness to palpation of the left cervical brachial region and left trapezius musculature. There is decreased sensation in the bilateral upper extremities and decreased left shoulder range of motion. Treatment to date has included cervical spine radiofrequency ablation, which provided good relief for 5 months and decreased his pain from 5 out of 10 to 1 out of 10 leading to decreased use of oral medications, per note dated 8-10-15. The injured worker has also undergone surgical intervention; lumbar hardware injection with good relief per note dated 9-14-15, lumbar fusion (1960), lumbar ladder (2008) and cervical fusion C5-C6 (2015). Diagnostic studies to date have included lumbar spine CT scan (5-7-15), lumbar spine CT scan (2008), lumbar spine MRI (2010, 2015) and cervical spine MRI (2014). A request for authorization dated 9-11-15 for arthrogram and IV sedation to be used with radiofrequency ablation is non-certified, per Utilization Review letter dated 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrogram and IV sedation to be used with radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 radiofrequency neurotomy.

Decision rationale: The injured worker sustained a work related injury on 2-15-92. The medical records provided indicate the diagnosis of post lumbar laminectomy syndrome and post cervical laminectomy syndrome. Treatments have included cervical spine radiofrequency ablation; surgical intervention; lumbar hardware injection; lumbar fusion and cervical fusion C5-C6. The medical records provided for review do not indicate a medical necessity for Arthrogram and IV sedation to be used with radiofrequency ablation. Although the MTUS noted reports of its success, the MTUS does not make any recommendation on it or provide criteria for its use. The Official Disability Guidelines state that while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The medical records indicate the injured worker has had several cervical radio-frequency ablations in the past; the most recent were the 11/2014 injection that improved the pain until about 02/2015 when the pain progressively worsened (about three months pain relief). The last injection was in 07/2015, and this provided 50% pain improvement that lasted 5 months. Therefore, Arthrogram and IV sedation to be used with radiofrequency ablation are not medically necessary.