

Case Number:	CM15-0197483		
Date Assigned:	10/12/2015	Date of Injury:	08/13/2012
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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, New York, California
 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 applicant is a represented 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 13, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for a C5-C6 facet joint radiofrequency ablation procedure, a C6-C7 facet joint radiofrequency ablation procedure, and an associated follow-up visit. The claims administrator referenced a September 1, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On September 24, 2015, the attending provider appealed the previously denied radiofrequency ablation procedure. The attending provider noted that the applicant had multiple pain generators to include chronic neck pain, chronic low back pain, wrist tendonitis, and a wrist ganglion cyst. The attending provider contended toward the bottom of the note that he was not, in fact, seeking facet joint radiofrequency ablation procedure but, rather, was seeking diagnostic medial branch blocks. The applicant was given rather proscriptive 10-pound lifting limitation and asked to return to work on a part-time basis. The attending provider stated in one section of the note that the applicant was working with said limitations in place and then suggested, somewhat incongruously, in another section of the note that the applicant would be placed off of work if her employer was unable to accommodate the suggested limitations. On an earlier note dated August 14, 2014, the same, unchanged, 10-pound lifting limitation was renewed. On September 1, 2015, the attending provider reiterated his request for what he described as diagnostic medial branch blocks to the C5-C6 and C6-C7 levels. The attending provider stated that he would seek radiofrequency ablation procedure only provided said medial branch blocks were successful. The attending

provider then stated in the Diagnosis section of the note that the applicant had undergone earlier fluoroscopically-guided C5-C6 and C6-C7 facet joint radiofrequency ablation procedures on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Right C5-C6 Facet Joint Radiofrequency Nerve Ablation QTY 1: 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-TWC) Neck and Upper Back (Acute & Chronic) Facet joint radiofrequency neurotomy.

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

Decision rationale: No, the request for a fluoroscopically-guided right C5-C6 facet joint radiofrequency nerve ablation procedure was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 151, facet injections of corticosteroids, i.e., the article at issue, are deemed not recommended. While the MTUS Guideline in ACOEM Chapter 8, page 174 qualifies the ACOEM position on such procedures by noting that there is limited evidence that radiofrequency neurotomy (AKA radiofrequency ablation) procedures may be effective in relieving or reducing cervical facet joint pain amongst the applicants who have had a positive response to [diagnostic] facet injections, here, however, the attending provider's September 24, 2015 office visit stated that the applicant had not, in fact, undergone prior diagnostic cervical medial branch blocks and that the request for a cervical radiofrequency ablation procedure at C5-C6 in fact represented a conditional request for the same. The request, thus, cannot be supported in the face of the: (a) tepid-to-unfavorable ACOEM position on the article at issue and (b) on the grounds that the applicant had not, in fact, undergone earlier diagnostic facet injections prior to the request being initiated. Therefore, the request was not medically necessary.

Fluoroscopically Guided Right C6-C7 Facet Joint Radiofrequency Nerve Ablation QTY 1: 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-TWC) Neck and Upper Back (Acute & Chronic) Facet joint radiofrequency neurotomy.

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

Decision rationale: Similarly, the request for a fluoroscopically guided right C6-C7 facet joint radiofrequency nerve ablation procedure was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, page 174 does

acknowledge that there is limited evidence that radiofrequency neurotomy (AKA radiofrequency nerve ablation) procedures may be effective in relieving or reducing cervical facet joint pain amongst the applicants who have had a positive response [diagnostic] facet injections, here, however, the attending provider acknowledged on September 24, 2015 that the request in question represented a conditional request. The attending provider acknowledged on September 24, 2015 that the applicant had not, in fact, undergone a precursor diagnostic facet injection prior to the request in question being initiated. Therefore, the request was not medically necessary.

Follow-up visit in two weeks (post injection) QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck and Upper Back (Acute & Chronic) Facet joint radiofrequency neurotomy.

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

Decision rationale: Finally, the request for a follow-up visit 2 weeks status post the injection(s) also at issue was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request(s) for facet joint radiofrequency nerve ablation procedures, above. Since those requests were deemed not medically necessary, in questions 1 and 2, the derivative or companion request for an associated follow-up visit was likewise not indicated. Therefore, the request was not medically necessary.