

Case Number:	CM15-0198513		
Date Assigned:	10/13/2015	Date of Injury:	07/09/1992
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 injured worker is a 64 year old female who sustained an industrial injury on 7-9-92. Subjective complaints (8-4-15) include headache and neck pain, rated 5-7 out of 10, pain is constant and non-radiating. Topamax was not tolerated so was discontinued. It is reported she experiences the discomfort daily and it is beginning to affect her work. Objective findings (8-4-15) include decreased neck range of motion bilaterally, tenderness to palpation over cervical spine, and occipital groove. She received a previous radiofrequency ablation in the same 2 levels (C4 and C5) 2 years ago and reports 50% relief lasting 9-12 months with a pain level of 3 out of 10 post-procedure. Previous treatment includes physical therapy, chiropractic care, acupuncture, medication, traction and injections. The requested treatment of radiofrequency ablation bilateral C4-C5 dorsal rami with fluoroscopic guidance and moderate sedation (quantity 4) was denied on 9-17-15. She continues to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral C4-C5 Dorsal Rami with Fluoroscopic guidance and moderate sedation Qty: 4.00: Overturned

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

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/ Facet joint radiofrequency neurotomy.

Decision rationale: MTUS Guidelines do not address the issue of repeat Facet Joint Radiofrequency neurotomies. ODG Guidelines address this issue in detail and recommended repeat neurotomies if there were successful prior neurotomies with significant relief of pain (50%) for several months (6 months). Recent documentation states there was a qualifying response 2 years ago and there are no records that contradict this assertion. This individual has remained at full duties, which supports functional responses to treatment. At this point in time, with the records provided for review, the request for Radiofrequency ablation bilateral C4-C5 Dorsal Rami with Fluoroscopic guidance and moderate sedation Qty: 4.00 is supported by Guidelines and is medically necessary.