

Case Number:	CM15-0029591		
Date Assigned:	02/23/2015	Date of Injury:	09/07/2009
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on 9/7/2009. On 2/18/15, the injured worker submitted an application for IMR for review of Thoracic radiofrequency ablation. The treating provider has reported the injured worker complained of neck pain along with mid-low back pain. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis, cervical spondylosis, migraine headaches, myofascial pain syndrome, thoracic spondylosis, brachial plexus lesions, sacroiliac pain, and trochanteric bursitis. Treatment to date has included acupuncture; physical therapy; MRI cervical (12/9/14) and medications. On 1/16/15 Utilization Review non-certified Thoracic radiofrequency ablation. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic radiofrequency ablation: 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); Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, facet joint thoracic radiofrequency ablation is not medically necessary. Facet joint radiofrequency neurotomy is understudy. Conflicting evidence is available as to the efficacy of the procedure and approval of treatment should be made on a case-by-case basis. The criteria for use of facet joint radiofrequency ablation include, but is not limited to, treatment requires a diagnosis of facet joint pain using a medial branch blocks; while a repeat neurotomies may be required, they should not occur at an interval of less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief in the first procedure is documented for at least 12 weeks at least greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least six months duration). No more than three procedures should be performed in a one year period; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy; etc. In this case, the injured worker's working diagnoses are trochanteric bursitis sacroiliac pain; lumbar spondylosis; brachial plexus lesions; migraine headaches; cervical spondylosis; myofascial pain syndrome; and thoracic spondylosis. The documentation in the medical record states the patient underwent thoracic radiofrequency ablation and this has been very helpful in the past reducing her symptoms. The treating physician does not document, objectively, the degree of pain relief and when the prior radiofrequency ablation was performed. The criteria are very specific stating a neurotomy should not be repeated unless duration of relief in the first procedure is documented for at least 12 weeks at least greater than or equal to 50%. Although the injured worker has indicators of pain related to facet joint pathology, the clinical indication and rationale is determined by the documentation of the prior procedure. There is insufficient objective documentation and a timeframe relating to the prior facet joint thoracic radiofrequency noted in a December 30 30th 2014 progress note. Consequently, absent clinical documentation containing a greater than or equal to 50% pain relief for at least 12 weeks, repeat facet joint thoracic radiofrequency ablation is not medically necessary.