

Case Number:	CM15-0058319		
Date Assigned:	04/03/2015	Date of Injury:	11/02/1993
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 11/2/93. The diagnoses have included cervical disc degeneration, migraine, brachial neuritis, occipital neuralgia, and depression. Treatment to date has included acupuncture, chiropractic, medications, Epidural Steroid Injection (ESI), discogram, facet joint injection, heat/ice, Transcutaneous Electrical Nerve Stimulation (TENS), massage therapy, physical therapy, occipital nerve block, trigger point injections, pump trial, and spinal cord stimulator. Surgery has included cervical fusion and discectomy in 1996. The Magnetic Resonance Imaging (MRI) of the cervical spine and brain was done on 8/21/2000, Magnetic Resonance Imaging (MRI) of the cervical spine was done on 3/25/05 and Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 1/14/03. Currently, as per the physician progress note dated 3/2/15, the injured worker complains of complains of slight increased pain due to cold weather. She states that the headaches she gets are about 15 per month that lasts more than 24 hours. The last cervical radiofrequency was done 6 months ago. She reported increased pain in the cervical spine rated 6/10 on pain scale. She was not currently working and reports difficulty sleeping. Physical exam revealed weight 174 pounds, blood pressure was 117/74 and height was 62 inches. The physician plan was to continue with current medications, ice/heat for pain control, increase physical activity, re-fill medications and the physician requested treatment treatments includes Cervical Radio Frequency Thermal Coagulation at Left C5, Right C5, Left C6, Right C6, Left C7, Right C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Radio Frequency Thermal Coagulation at Left C5, Right C5, Left C6, Right C6, Left C7, Right C7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Based on above recommendations for the cervical spine, the request is medically necessary.