

Case Number:	CM15-0059986		
Date Assigned:	04/06/2015	Date of Injury:	08/13/1987
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male sustained an industrial injury to the cervical and lumbar spine on 3/1/13. Previous treatment included magnetic resonance imaging, epidural steroid injections, radio frequency ablation, acupuncture, physical therapy and medications. In a pain clinic follow up dated 2/10/15, the injured worker complained of neck pain 6/10 on the visual analog scale with pain in the upper arms and hand. Physical exam was remarkable for tenderness to palpation over left cervical spine facets with reduced range of motion. Current diagnoses included cervical spine spondylosis without myelopathy, posttraumatic stress disorder, depression, cervical spine radiculitis and osteoarthritis to the hand and knee. The treatment plan included cervical spine medial branch block at C2-4. The physician noted that the injured worker had had pain for greater than three months and failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2, C3 and C4 pulsed radiofrequency neurectomy nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-1836. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pulsed radiofrequency treatment (PRF).

Decision rationale: The claimant is more than two years status post work-related injury and is being treated for chronic neck pain. Being requested is repeat pulsed radiofrequency medial branch ablation. Pulsed radiofrequency treatment is not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes.