MAXIMUS Federal Services

Case Number:	CM15-0080060		
Date Assigned:	05/01/2015	Date of Injury:	10/01/1993
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida, 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 73 year old male, who sustained an industrial injury on 10/1/93. He reported pain in the shoulder, low back, and hip. The injured worker was diagnosed as having spondylolisthesis at C4-5, severe disc collapse at C5-6, and status post pacemaker implantation. Treatment to date has included C4-6 medial branch blocks on 10/20/14, acupuncture, and medications. X-rays of the cervical spine were noted to have revealed spondylolisthesis of C4 and C5 with anterolisthesis of C4 on C5. Severe disc collapse at C5-6 was also noted. Currently, the injured worker complains of pain in the neck, low back, right upper extremity, bilateral knees, and bilateral elbows. The treating physician requested authorization for 1 radiofrequency ablation at C4, C5, and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at C4, C5 and C6 qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, under Radiofrequency Ablation.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. In this case, the claimant was injured 22 years ago; there were medial branch blocks done in October 2014, but no objective functional improvement or percent pain reduction is noted. It is not clear this was a successful medial branch block under the evidence-based criteria. Regarding facet joint radiofrequency ablation, the ODG guides note: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, although there has been reported benefit in the past, the percent improvement is not provided; relief is mentioned for one year, but no other information. There is no documented improvement in VAS score, specifics in regards to decreased medications, or functional improvements documented. The request is appropriately non-certified.