

Case Number:	CM15-0085499		
Date Assigned:	05/07/2015	Date of Injury:	06/13/1999
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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 59 year old female, who sustained an industrial injury on June 13, 1999. She was diagnosed with cervical facet syndrome and lumbar facet syndrome. Cervical Magnetic Resonance Imaging showed foraminal stenosis and multi-level disc degeneration. Lumbar Magnetic Resonance Imaging revealed stenosis with impingement on the nerve roots. Treatment included pain medications, anti-inflammatory drugs, neuropathy medications, epidural steroid injection, cervical branch Radiofrequency Ablation and lumbar branch Radiofrequency Ablation. Electromyography performed in October 2012 was abnormal. Currently, the injured worker complained of neck pain radiating down both arms and lower back spasms and pain radiating down both legs. The treatment plan that was requested for authorization included an electrocardiogram and cervical facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet joint radiofrequency ablation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medical branch block. 2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks. 3. No more than two joint levels are to be performed at one time. 4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The request is for more than 2 joint levels and therefore criteria have not been met and the request is not medically necessary.

EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, methadone.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG notes that methadone use is associated with potential torsades de pointes with QT segment prolongation. The patient is on chronic methadone and therefore and EKG would be medically warranted and the request is medically necessary.