

Case Number:	CM14-0108761		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2010
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on 3/3/2010. The mechanism of injury was noted as a work related injury while operating a forklift. The most recent progress note, dated 6/19/2014 indicated that there were ongoing complaints of chronic neck pain. The physical examination demonstrated the patient appeared in moderate distress with severe pain. Cervical spine had neck pain on the left more than right side with occipital tenderness and cervical spondylosis causing a headache. There was low back pain with lumbar spondylosis degenerative discs at L4-L5 and L5-S1. Low back pain of axial nature mostly without significant new leg pain. Baseline low back pain was consistent with the 2 level disc and facet lesions. Pain was worse on extension. No new neurological deficits. No recent diagnostic studies are available for review. Previous treatment included cervical surgery, physical therapy, cervical nerve blocks, and medication. A request had been made for radiofrequency ablation of the left C3, C4, C5, and C6 levels and was not certified in the pre-authorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at the Left C3, C4, C5, and C6 levels under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

Treatment in Worker's Compensation, Online Edition, Chapter: Neck and Upper Back: Facet joint radiofrequency neurotomy

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

Decision rationale: There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. After review of the medical records provided, it is noted the injured worker had previous medial branch radiofrequency ablation on 1/6/2012. The record states the claimant noted relief that was lasting but had hoped for better outcome. Guidelines state that repeat neurotomies may be required. They should not be required at an interval of less than 6 months from the 1st procedure. Duration of effect after the 1st neurotomy should be documented for at least 12 weeks at greater than or equal to 50% of relief of symptoms. The current literature does not support that the procedure was successful without sustained pain relief generally of at least 6 months in duration. It was noted the patient had "lasting relief", but the documentation of 50% pain relief was lacking, as well as the rationale of improvement of pain and symptoms for 6 months or more. Therefore, this request is deemed not medically necessary.