

Case Number:	CM14-0126891		
Date Assigned:	09/23/2014	Date of Injury:	09/02/2007
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 41-year-old male who reported an injury on 09/02/2007. The mechanism of injury was not stated. Current diagnoses include myoneural disorder, long term use of other medication, other injury of the chest wall, and unspecified neuralgia/neuritis/radiculitis. Previous conservative treatment is noted to include medication management. The injured worker was evaluated on 06/10/2014 with complaints of left rib and left back pain. It was noted that the injured worker was previously treated with a radiofrequency ablation 1 year prior to the current visit. Physical examination on that date revealed hypersensitivity to light touch of the fifth to seventh rib on the left side. The current medication regimen includes Zanaflex, Robaxin, tramadol and Nexium. Treatment recommendations at that time included a left T5-T7 intercostal nerve radiofrequency with sedation. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T5, T6 and T7 intercostal nerve radio frequency ablation with sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, there is no mention of an attempt at any conservative treatment prior to the request for the invasive procedure. It is also noted that the injured worker has been previously treated with a radiofrequency neurotomy. However, there is no documentation of objective functional improvement following the initial procedure. There is also no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity has not been established. As such, the request is not medically appropriate.