

Case Number:	CM14-0153741		
Date Assigned:	09/23/2014	Date of Injury:	12/20/2008
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 36-year-old female with a reported date of injury of 12/20/2008. The mechanism of injury was not listed in the records. The diagnoses included right shoulder internal derangement, right shoulder impingement, and full thickness tear of anterior spinatus tendon. The past treatments included pain medication, physical therapy, and radiofrequency ablation. There was no relevant diagnostic imaging provided in the records. There was no relevant surgical history documented in the notes. The subjective complaints on 08/07/2004 included right lower neck pain, right shoulder pain, and right scapular pain. The physical examination noted tenderness to palpation of the cervical paraspinal muscles overlaying the bilateral C2-4 facet joints and at the posterior right shoulder and trapezius; posterior shoulder bruising is visible. Muscle strength is rated 5/5 in the bilateral upper extremities. It is also noted in the records per the physician the patient had a radiofrequency nerve ablation performed on 12/29/2011 that provided 75% relief of her neck pain and increased range of motion for 2 and a half years. It is also noted that the patient has failed physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and conservative treatment. The current medications are Benadryl, Ibuprofen, Tramadol, and Vivelle hormone patch. The treatment plan was to repeat the radiofrequency nerve ablation. A request was received for repeat fluoroscopically-guided right C5-6 and right C6-7 radiofrequency nerve ablation. The rationale was to relieve pain. The request for authorization form was dated 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat fluoroscopically guided right C5-C6 and right C6-C7 radiofrequency nerve ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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), Neck, Facet joint radiofrequency neurotomy

Decision rationale: The request for repeat fluoroscopically guided right C5-6 and right C6-7 radiofrequency nerve ablation is not medically necessary. The Official Disability Guidelines state that, while repeat neurotomies may be required, they should not be required at an interval less than 6 months from the first procedure. Duration of effects after the first neurotomy should be documented for at least 12 weeks with greater than 50% pain relief. The current literature does not support that the procedure is successful without sustained pain relief generally lasting at least 6 months in duration. It is noted in the records that the injured worker had a previous radiofrequency nerve ablation performed on 12/29/2011 and that nerve ablation was reported to provide 75% pain relief of her neck pain and increased range of motion to her neck for 2 and a half years. However, there is no operative report to confirm that the patient did have this procedure done. In the absence of the operative report which would indicate the procedure that was performed and the specific levels at which it was performed, the request does not meet the evidence-based guidelines. As such, the request is not medically necessary.