

Case Number:	CM14-0170998		
Date Assigned:	10/23/2014	Date of Injury:	11/27/2012
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in California. 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:

This injured worker's date of injury is 11/27/2012. The original injury occurred as a result of a helicopter that the patient piloted crashed. This patient receives treatment for pain in multiple body parts. The patient has received multiple treatment modalities, including: physical therapy, massage, chiropractic, and acupuncture. The patient had a cervical MRI in 2014 which showed degenerative disc disease from C3-C6. The treating physician diagnosed the patient with cervical spondylosis without evidence of myelopathy. On 05/15/2014 the patient received medial branch blocks at C3-C6 and reported 65 percent pain relief. On 08/28/2014 the patient was treated with radiofrequency ablation at C3-C6 on his left side. After the procedure the patient reported pain levels of 2/10 on the left and 5/10 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3, C4, C5 and C6 radiofrequency ablation (RFA) under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The treating physician reports no loss of muscle power in the arms. There is no documentation of loss of sensation or deficits on the reflex exam. MRI imaging does not definitively diagnoses significant facet joint disease with nerve compression. Based on the documentation, RFA is not medically indicated.