

Case Number:	CM14-0059523		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2003
Decision Date:	05/18/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male who sustained an industrial injury on March 5, 2003. He has reported cervical spine pain and has been diagnosed with cervicocranial syndrome, cervicobrachial syndrome, headache, and cervical spondylosis. Treatment has included medications, injections, and medical imaging. Currently on 4/9/14 demonstrates the injured worker reports bilateral neck, right cervicothoracic, shoulder, and headaches at a 4/10. The treatment plan included a radiofrequency ablation of median branches C3, C4, and C5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of Medium Branches C3, C4, C5 under Fluoroscopic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

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

Decision rationale: CA MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, pages 174 state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case the exam notes from 4/9/14 do not demonstrate prior response to medial branch blocks. Therefore the determination is for non-certification, and not medically necessary.