

Case Number:	CM14-0083272		
Date Assigned:	07/25/2014	Date of Injury:	08/21/2012
Decision Date:	08/06/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/04/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 8/21/2012. She reported pain in her right ear, temple, posterior frontal and parietal area and the left neck after being struck by a patient. Diagnoses have included post-concussion syndrome headaches, cervicgia, tremor, right-sided hearing loss and tinnitus. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, previous radiofrequency ablation and medication. Per the progress report dated 1/22/2014, the injured worker complained of residual upper neck pain, status post left C3 and C4 radiofrequency ablation. It was noted that upper neck pain persisted and was localized to the left C2 level. Physical exam revealed limited left rotation. The injured worker pointed to the C2 level to indicate where her pain was coming from. According to the progress report dated 4/29/2014, the injured worker complained of left sided upper neck pain and headaches. Exam of the neck revealed pain to palpation over the paraspinal muscles. Authorization was requested for left C2 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2 radiofrequency ablation (RFA): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 4/14/14) facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 27.

Decision rationale: According to the ODG guidelines, Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief. In this case, the claimant received a RFA ablation over 6 months prior with good relief. The claimant has undergone therapy. There was also relief of 95% with a prior block. Due to persistent pain, the request for another RFA is appropriate and medically necessary.