

Case Number:	CM15-0015950		
Date Assigned:	02/03/2015	Date of Injury:	01/23/2001
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 1/23/2001. The diagnoses have included thoracic outlet syndrome and cervical spondylosis with right sided cervical facet pain. Treatment to date has included physical therapy, radiofrequency ablation, trigger point injections and pain medications. According to the progress note dated 12/17/2014, the injured worker had a chief complaint of neck pain, spondylosis and chronic neuropathic pain involving the right upper extremity. The pain location was the posterior aspect of the neck. The injured worker was noted to have had a radiofrequency procedure seven months ago in May for her right-sided neck and posterior pain towards the periscapular region; pain was greatly relieved. The injured worker used occasional hydrocodone and was noted to have been off narcotic therapy for about four months during the active period of the radiofrequency procedure. Physical exam revealed some palpation tenderness just around the area of the posterior aspect at the base of the neck over the trapezius and a little bit down to the periscapular rhomboid region. Authorization was requested for a radiofrequency procedure at the C6-C7 level. On 12/26/2014, Utilization Review (UR) non-certified a request for radiofrequency ablation at C6-C7 level. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One radiofrequency ablation at C6-C7 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Facet Joint Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The patient presents with pain and weakness in her neck and right upper extremity. The request is for one radiofrequency ablation at C6-C7 level. The MTUS guidelines do not discuss radiofrequency ablation so the ODG guidelines are referenced. ODG under the Neck Chapter, Facet joint radiofrequency neurotomy, states, "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, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period." In this case, the 12/17/14 progress report indicates that the patient underwent C6-7 radiofrequency in May 2014 with "good response". While ODG guidelines support repeat procedures if the duration of symptom reduction lasts for at least 3-6 months, the treater does not specifically document a 50% reduction in pain, no significant changes in function or reduction of medication use. Therefore, this request IS NOT medically necessary.