

Case Number:	CM15-0017499		
Date Assigned:	02/05/2015	Date of Injury:	06/24/1997
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina

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:

This 38-year-old female reported a work-related injury on 6/24/1997. According to the progress report from the treating provider dated 1/8/2015, the injured worker reports neck pain radiating to the right arm, lateral forearm and hand with numbness and paresthesias. The diagnosis is status post radiofrequency nerve ablations at right C2-3, C5-6 and C6-7, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease and cervical sprain/strain. Previous treatments include medications, facet joint blocks, radiofrequency ablations and physical therapy. The treating provider requests one repeat fluoroscopically guided right C2-3, right C5-6 and right C6-7 facet joint radiofrequency nerve ablations. The Utilization Review on 1/26/2015 non-certified the request for one repeat fluoroscopically guided right C2-3, right C5-6 and right C6-7 facet joint radiofrequency nerve ablations, citing ODG Neck and Upper Back (Acute and Chronic) and ACOEM Chapter 8 guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repeat fluoroscopically guided right C2-3, right C5-6 and right C6-7 facet joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 & 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, radiofrequency facet joint nerve ablation

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on facet joint neurotomy:1. Treatment requires a diagnosis of facet joint pain using a medical branch block2. Repeat neurotomy should not occur at an interval of less than 6 months from the first procedure. The first procedure must produce documented relief of equal to 50% for at least 12 weeks.3. No more than two joint levels are to be performed at one time4. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. There is no documentation of 50% pain relief for 12 weeks from previous blocks. Also no more than 2 joint levels are to be performed at one time. Therefore criteria have not been met and the request is not certified.