

Case Number:	CM15-0111539		
Date Assigned:	06/18/2015	Date of Injury:	04/23/1996
Decision Date:	07/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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, female who sustained a work related injury on 4/23/96. The diagnoses have included cervical postlaminectomy syndrome, chronic pain syndrome, cervical degenerative disc disease, cervicgia, and spasm. Treatments have included cervical spine surgery x 2, physical therapy, acupuncture, cervical epidural steroid injections, facet joint injections, cervical radiofrequency ablation, rest, ice therapy, Lidoderm patches and oral medications. In the PR-2 dated 5/26/15, the injured worker complains of persistent neck pain. She describes the pain as achy, deep, diffuse, discomforting, dull, and piercing. She rates the pain level a 7-9/10. She has limited range of motion in her neck. She has tenderness to touch in whole cervical spine particularly with motion. She has associated cervical paraspinal muscle spasm. She had previous cervical radiofrequency ablation in 2006. Cervical neck injections have been done occasionally with up to 90% relief. The treatment plan includes a request for a cervical radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided, Cervical Spine Radiofrequency Medial Branch Blocks, C4-C5 and C6-C7, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWCODG Treatment Integrated treatment/Disability duration guidelines Neck and Upper back (acute & chronic).

Decision rationale: The patient is a 60 year old female with an injury dating back to April of 1996. She has been diagnosed with cervical chronic pain syndrome, cervical degenerative disc disease and has undergone a laminectomy, physical therapy, radiofrequency ablation, topical and oral medications. She continues to have ongoing discomfort and a repeat radiofrequency ablation is requested. The ODG guidelines suggest that radiofrequency neurotomy is currently under study with conflicting evidence regarding efficacy. Studies have not demonstrated improved function. There should be documentation of at least 50% pain reduction for a 6 month duration to qualify for repeat treatment. There is inadequate documentation of pain relief and duration after the previous procedure performed. As such, the requested treatment is not medically necessary.