

Case Number:	CM15-0128054		
Date Assigned:	07/20/2015	Date of Injury:	07/15/2010
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 43 year old female, who sustained an industrial injury on July 15, 2010. The injured worker was diagnosed as having cervical spondylosis and radiculitis. Treatment to date has included facet blocks, acupuncture, cognitive behavioral therapy (CBT), medication and follow-up. A progress note dated June 1, 2015 provides the injured worker complains of low back pain. Prior facet injections provided 90% relief and increased function. Physical exam notes no acute distress, cervical tenderness on palpation with triggering and painful decreased range of motion (ROM). There is lumbosacral facet pain. The plan includes radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency C5-7 right side then left side (each side to be done on separate days) under fluoroscopy and monitored anesthesia care: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174, 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Facet joint pain, signs & symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain and pg 26.

Decision rationale: According to the guidelines, facet ablation is under study but Criteria is as follows: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 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 (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the claimant does not have radicular symptoms and had improved with prior MBB and facet blocks within the last 6 months. The request for another radiofrequency ablation of bilateral is medically necessary.