

Case Number:	CM15-0172486		
Date Assigned:	09/14/2015	Date of Injury:	02/17/1991
Decision Date:	10/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 60-year-old female worker who was injured on 2-17-1991. The medical records reviewed indicated the injured worker (IW) was treated for cervicgia; cervical degenerative disc disease; and cervical post laminectomy syndrome. The progress notes (8-20-15) indicated the IW had neck pain and tenderness with radiation to the left and right trapezius rated 7 out of 10. Previous treatments included cervical radiofrequency ablations (RFA) (1-29-15 and 2-12-15), which helped 60% to 70%. She was able to decrease her Tramadol. Other medications included Amrix, Amitriptyline, and Restoril. On physical examination (8-20-15), her posture was poor. There was tenderness, tissue tension and spasms in the cervical area and upper trapezius bilaterally. There was no documentation of the anatomical locations of the previously performed RFAs and no documentation of successful medial branch nerve blocks preceding the RFAs. A Request for Authorization dated 8-22-15 was received for one left cervical spine radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left cervical spine radio frequency ablation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1991 and continues to be treated for neck pain. Cervical radiofrequency ablation was done in May 2014 and again on 01/29/15 on the right side and on 02/12/15 on the left. When seen on 08/20/15, there had been a 60-70% improvement in pain relief with decreased use of tramadol after the radiofrequency ablation but her pain had returned and was severe and worsening. Physical examination findings included cervical spine and upper trapezius tenderness. Repeat radiofrequency ablation is being requested, again at two levels bilaterally. Criteria for a repeat cervical radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, these criteria are met. The claimant had up to 70% pain relief after the radiofrequency ablation procedure that was performed more than 6 months before with a return of symptoms, which were worsening. The request fulfills the applicable criteria and is medically necessary.