

Case Number:	CM15-0062068		
Date Assigned:	04/08/2015	Date of Injury:	04/13/2009
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 57 year old, male who sustained a work related injury on 4/13/09. The diagnoses have included cervical myoligamentous injury, bilateral arms radicular pain and depression/anxiety. Treatments have included a CT scan of cervical spine, MRI of cervical spine, previous radiofrequency ablations of cervical spine on 3/29/12 and 5/1/14 with good pain relief, medications, electrodiagnostic studies of upper extremities, physical therapy and a cervical epidural steroid injection. In the Follow-up Pain Management Consultation dated 1/16/15, the injured worker complains of cervical spine tenderness upon palpation of the cervical paraspinal musculature and muscle rigidity. He has decreased range of motion in neck. The requested treatment of a cervical radiofrequency ablation is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency thermal coagulation (RFTC) at bilateral C3, C4 and C5:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines.

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 Pain Chapter: Cervical Facet Radiofrequency.

Decision rationale: Cervical radiofrequency thermal coagulation (RFTC) at bilateral C3, C4 and C5 is not medically necessary. According to the Official Disability Guidelines states that "facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. According to the medical records, the patient had prior cervical facet radiofrequency with 70% reduction in pain. The patient continues to participate in active self-directed therapy. MRI is significant for cervical degenerative disc disease. Therefore, there is enough justification to certify the requested procedure. The request is medically necessary.