

Case Number:	CM15-0079139		
Date Assigned:	04/30/2015	Date of Injury:	08/13/2003
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on 8/13/03. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having complex regional pain syndrome of the upper extremity. Treatments to date have included status post right C5, C6 pulsed radiofrequency ablation (11/12/14). Currently, the injured worker complains of right upper extremity pain. The plan of care was for a repeat right-sided C5, C6 pulsed radio frequency under fluoroscopy and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right-sided C5, C6 pulsed radio frequency under fluoroscopy and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS); Pulsed radiofrequency treatment (PRF) Page(s): 39-40, 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pulsed radiofrequency Page(s): 102.

Decision rationale: The California MTUS section on pulsed radiofrequency states: Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. (BlueCross, 2005) A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. (Abejn, 2007) This is a non-recommended service per the MTUS and therefore the request is not medically necessary.

Caretaker: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services Recommended only for otherwise recommended medical treatment for patients who are Home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Home health services are recommended for patients who are home bound. The type of care and the amount is not specified in the request. Therefore, the request is not medically necessary.