

Case Number:	CM14-0143759		
Date Assigned:	09/12/2014	Date of Injury:	10/11/2010
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 11, 2010. Thus far, the applicant has been treated analgesic medications; transfer of care to and from various providers in various specialties; a prior cervical epidural steroid injection on August 13, 2014; opioid therapy; and adjuvant medications. In a Utilization Review Report dated September 2, 2014, the claims administrator denied a request for C5 through C7 medial branch radiofrequency ablation procedures, invoking both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a May 5, 2013 Field Case Management note, it was acknowledged that the applicant was off of work. The applicant was status post lumbar laminectomy and subsequent spinal cord stimulator implantation, it was stated. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was stated. It appears that the cervical radiofrequency ablation procedures were performed on September 9, 2014. The applicant was placed off of work, on total temporary disability, on a work status report of the same date. In an August 20, 2014 progress note, the applicant reported persistent complaints of neck pain, 3-4/10, reportedly improved following earlier cervical epidural steroid injection therapy on August 13, 2014. The applicant had last received bilateral cervical radiofrequency ablation procedures in August 2013; it was suggested in one section of the report. In another section of the report, it was suggested that the applicant had received an earlier set of cervical radiofrequency ablation procedures one month prior. The applicant still had radicular complaints, reportedly improved, following the earlier cervical epidural injection. The applicant was using Fentanyl, Norco, Lyrica, Pamelor, Fexmid, Celebrex, Terocin, and Protonix, it was stated. 4 to 4+/5 upper extremity strength was appreciated. Multilevel medial branch ablation procedures were sought while Fentanyl and Celebrex were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5 through C7 Medial Branch Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 191, radiofrequency ablation procedure/radiofrequency neurotomy procedures, as were performed here, are deemed "optional." In this case, the applicant has had earlier cervical radiofrequency ablation procedures in August 2013, despite the tepid ACOEM position on the same. The applicant, however, failed to demonstrate any lasting benefit or functional improvement through the earlier radiofrequency ablation procedures. The applicant remained off of work, on total temporary disability; it was suggested in September 2014. The applicant remained highly reliant and highly dependent on other forms of medical treatment, including epidural steroid injection therapy, adjuvant medications such as Lyrica and Pamelor, and opioid agents such as Norco and Duragesic. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite completion of at least one set of earlier cervical radiofrequency ablation procedures. Therefore, the C5 through C7 medial branch block radiofrequency ablation procedure is not medically necessary.