

<b>Case Number:</b>	CM13-0008133		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/19/1993
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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:

Injured worker is a male with date of injury 8/19/1993. Per supplemental AME report dated 7/30/2012, the opinion of the AME is that the injured worker should be allowed to receive up to three epidural steroid injections over each 24 month period into the indefinite future. The AME reports previously providing an opinion that a provision for epidural steroid injections was appropriate. This report states that there is clear and convincing objective documentation of failure of conservative treatment, electrodiagnostic studies conducted, MRI findings, and rehabilitation measures to pursue in conjunction with the request for cervical spine epidural steroid injection. Per utilization review clinical summary, the injured worker was seen on 7/11/2013 for cervical pain and upper extremity numbness. On examination of the cervical spine, ranges of motion are as follows: flexion of 20 degrees, extension of 15 degrees, right lateral bend 10 degrees, and left lateral bend of 10 degrees. He is tender to palpation over the cervical facets. Muscle strength and sensation are intact. The treating provider is requesting for an RFA procedure for two levels following the patient's successful median branch block to his cervical spine on 9/4/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio Frequency Ablation (RFA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet Joint Radiofrequency Neurotomy section.

**Decision rationale:** The MTUS Guidelines do not address the use of radiofrequency ablation for the cervical spine. The ODG Guidelines report that this procedure is understudy, and provides criteria for use of cervical facet radiofrequency neurotomy. There is very little clinical information provided with this review. The injured is noted to have lumbar and cervical pathology with which it has been recommended to have periodic epidural steroid injections for. The injured worker had median branch blocks to his cervical spine, and now radiofrequency ablation procedure is being requested. The request does not specify what levels will be treated or the number of joint levels. There is not a clear formal plan of rehabilitation in addition to the requested facet joint therapy. Medical necessity for this procedure has not been established within the clinical documents provided for review, based on the criteria listed by the ODG. The request for radiofrequency ablation is determined to not be medically necessary.