

<b>Case Number:</b>	CM13-0021250		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 44 year old who was injured on 2/23/2011. The diagnoses are neck pain, headache, right shoulder pain, low back pain and knee pain. The past surgical history is significant for L4 to S1 fusion. The patient had completed physical therapy treatments. The medications listed are Motrin, morphine and Percocet for pain, Xanax for anxiety and Zanaflex for muscle spasm. The medications were no longer providing adequate pain relief. The Urine Drug Screen (UDS) was consistent. The MRI of the lumbar spine showed multilevel facet degeneration. On 3/3/2014, [REDACTED] documented positive cervical facet loading tests. The patient had 70% reduction in pain for 36 hours following C3-C4 median branch blocks. There was significant increase in range of motion. A Utilization Review decision was rendered on 8/9/2013 recommending non certification of bilateral C3-4 radiofrequency ablation of the median branch nerves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RADIOFREQUENCY ABLATION MEDIAL BRANCHES, BILATERAL C3-4:** Overturned

**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 (ODG) Official Disability Guidelines, Pain Chapter, Neck Pain.

**Decision rationale:** The CA MTUS did not address the use of radiofrequency ablation of the median branch nerves in the treatment of pain from cervical facet syndrome. The (ODG) Official Disability Guidelines recommend radiofrequency ablation of the median nerve branch for patients who had significant pain relief following diagnostic facet median nerve blocks. The record indicate that the patient had a 70% reduction in pain for 36 hours as well as increased range of motion of the cervical spine following the diagnostic facet median nerves block. A greater than 50% reduction in pain for a duration equal or greater than the duration of action of the local anesthetics for a patient who was not sedated or anesthetized for the procedure is regarded as significant per ODG guideline. This patient has met the criteria for bilateral C3-4 radiofrequency ablation of the median branch nerves. The request is medically necessary and appropriate.