

<b>Case Number:</b>	CM13-0032503		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma 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 physician 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 53-year-old male who sustained a work related injury on June 08, 1999. The patient's diagnoses include myalgia, cervical radiculopathy, chronic pain, headache, facet arthropathy, muscle spasms, neck pain, postlaminectomy syndrome, and spondylosis. The patient's physical examination revealed tenderness to palpation, radicular pain, positive axial compression test, decreased sensation of the bilateral upper extremities, and limited range of motion. The patient's treatment plan included a request for authorization for radiofrequency cervical C4, C5, C6, C7, and T1 bilaterally

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a 1st level and 2nd subsequent levels Radiofrequency Cervical Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** The Official Disability Guidelines recommendations for facet joint radiofrequency neurotomy indicate that "there must be presence of facet joint pain to include axial neck pain, tenderness to palpation, and absence of radicular and/or neurological findings, and that no more than two joint levels be injected at one time." The clinical information submitted for review documented physical exam findings suggestive of radiculopathy. Additionally, the requested number of levels exceeds guideline recommendations of no more than 2 joint levels be injected at 1 time. As such, the request for first level and second subsequent levels radiofrequency cervical medial branch block is non-certified.