

<b>Case Number:</b>	CM13-0040929		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 59 year old male who reported a work related injury on 06/26/2007. Subjectively, the patient reported right lower neck pain with radiation into the right shoulder, right biceps, right radial arm, and right radial forearm with associated numbness and paresthasias. The patient was noted to have undergone anterior cervical discectomy and fusion at the C6-7 level in 2008. Objectively, the patient had tenderness to palpation over the right cervical paraspinal muscles overlying the C4 to T1 facet joints, restricted range of motion, positive impingement sign, positive facet joint provocative maneuvers, decreased reflexes at 1+, and decreased muscle strength of 4+/5 in the right deltoid, right wrist extensors, and right triceps. Request for authorization for a fluoroscopically guided right C4-5, C5-6, and C7-T1 radiofrequency nerve ablation was made. The patient was also noted to have undergone diagnostic facet joint medial branch blocks of the right C4, C5, and C6 facet joints on 02/07/2013 as well as at the right C7 and C8 facet joints on 04/25/2013. On 02/20/2013, the documentation indicated the patient had 70% pain relief 30 minutes post procedure lasting longer than 2 hours but subsequently took more pain medication secondary to post procedure pain. The post procedure visit on 05/16/2013 documented the patient had 90% pain relief 30 minutes post injection lasting over 2 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided right C4-5, C5-6 and C7-T1 radiofrequency nerve ablation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 radiofrequency neurotomy.

**Decision rationale:** The Official Disability Guidelines recommend the use of facet joint radiofrequency neurotomy when clinical presentation is consistent with facet joint signs and symptoms which include absence of radicular and/or neurological findings, evidence of adequate diagnostic blocks, documented improvement in visual analogy scale (VAS) score, and documented improvement in function. The clinical provided for review documents objective reports of radiating pain on the right down the arm and into the forearm, and physical examination findings revealed decreased strength in the right deltoid, wrist extensors, and triceps all of which could suggest a radiculopathy. Additionally, there is lack of objective documentation of improvement in function or a VAS score. Given the above, the request for fluoroscopically guided right C4-5, C5-6 and C7-T1 radiofrequency nerve ablation is non-certified.