

<b>Case Number:</b>	CM13-0060334		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Internal Medicine and Emergency 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 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:

This patient is a 72 year-old with a date of injury of 08/05/02. A progress report associated with the request for services, dated 09/18/13, identified subjective complaints of improved lumbar pain and ongoing cervical pain. Objective findings included decreased range-of-motion of the cervical spine. There was hyperesthesia and some weakness on the right side. Diagnoses included cervical facet disease; cervical disc disease with radiculopathy; and lumbar disc disease with radiculitis. Treatment has included a cervical fusion. She also had a C3-4 radiofrequency medial branch ablation in 2011 with prolonged relief. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "repeat bilateral C3-4 medial branch radio frequency ablation for cervical spine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT BILATERAL C3-4 MEDIAL BRANCH RADIO FREQUENCY ABLATION FOR CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Radio Frequency Ablation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** Also called facet rhizotomy, the Neck and Upper Back Complaints Chapter ACOEM Practice Guidelines note that radiofrequency neurotomy of facet joint nerves of the cervical spine provides good temporary relief of pain. They further note that facet neurotomies should be performed only after a positive response to a facet injection. The Official Disability Guidelines (ODG) state that studies have not demonstrated improved function. They list the following criteria for use: i. Only after a positive diagnostic medial branch block. ii. Repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. iii. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. iv. Repeat neurotomies depend on evidence such as improvement in pain, decreased medications, and documented improvement in function. v. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. vi. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the prior medial branch ablation provided improvement. However, the record does not specify pain relief of 50% for at least 12 weeks. There is no documentation of the medical necessity for the repeat cervical radiofrequency ablation. Therefore the request is not medically necessary.