

<b>Case Number:</b>	CM14-0003586		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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 injured worker is a 48-year-old male who reported an injury on 09/23/2010. The mechanism of injury was not specifically stated. Current diagnoses include cervical disc displacement without myelopathy and chronic pain. The injured worker was evaluated on 12/11/2013. The injured worker was status post C6-7 fusion in 04/2013 and cervical facet injection on 10/29/2013. The injured worker reported persistent neck pain with radiation into the left upper extremity. Physical examination revealed normal ambulation without assistance, no acute distress, and tic like movements involving the lower left facial muscles and the left hand. Treatment recommendations at that time included a left permanent cervical facet injection at C3-4 and C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT PERMANENT CERVICAL FACET INJECTION C3-C4, C4-C5 OTHERWISE KNOWN AS (AKA) RADIOFREQUENCY ABLATION FLUOROSCOPIC GUIDANCE IV SEDATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck & Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), page173

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. As per the documentation submitted, the injured worker underwent left C3-4 and C4-5 cervical facet injections on 10/29/2013. However, there was no objective evidence of improvement following the diagnostic blocks. The injured worker presents with ongoing neck pain with radiation into the left upper extremity. Based on the clinical information received, the request is not medically necessary and appropriate.