

<b>Case Number:</b>	CM14-0109660		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 California. 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 injured worker is a 46 years old female with a reported date of injury of July 16, 2001. Mechanism of injury is reported as being struck by a door while performing the regular duties of her occupation as a youth counselor. Diagnosis of Cervical Radiculopathy (723). Pain Specialist office visit note, dated March 25, 2014, indicates the injured worker has complaints of neck pain that radiates to the bilateral upper extremities to the level of the wrist, hand and fingers accompanied by numbness and tingling with a pain scale of nine out of ten at this office visit. She also complains of migraine headaches, difficulty sleeping, low back pain that radiates to the bilateral lower extremities accompanied by numbness and weakness with a pain scale of eight to ten out of ten at this office visit. She reports a little difficulty walking since date of injury. She last worked on June 25, 2002. The injured worker has a treatment history of status post cervical fusion (date unknown), pain medication that has been helpful, physical therapy that provided limited benefit and acupuncture that provided limited benefit. She reports being limited in her ability to perform her activities of daily living. Her work status was reported as retired. Pain Specialist follow-up office visit note, dated June 17, 2014, indicates neck pain radiating down bilateral extremities that is aggravated by activity and walking and low back pain radiating down the bilateral lower extremities that is aggravated by activity and walking. MRI dated April 10, 2014 with finding of focal disc bulges and protrusions in the lower lumbar spine resulting in varying degrees of central canal stenosis and mild neural foraminal stenosis. Current work status, at this office visit, is reported as not working. Treating physician recommended suprascapular nerve pulse radiofrequency, right. Prior utilization review denied request for Right suprascapular nerve pulse radiofrequency on June 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right suprascapular nerve pulse radiofrequency:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding pulsed radiof. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 05/15/2014; regarding pulsed radiofrequency (PFR)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

**Decision rationale:** Per CA MTUS guidelines, Pulsed RF is not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. Therefore, the request is not medically necessary.