

<b>Case Number:</b>	CM14-0010102		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/08/1999
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Occupational Medicine 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:

The injured worker is a female with date of injury of 02/08/1999. Per secondary treating physician's progress report and request for authorization, the injured worker complains of severe excruciating neck pain that has continued to progressively worsen. She has undergone a fusion at C6-7 and wishes to avoid any further surgery if possible. She has had facet rhizotomy at C3-4, C4-5, and C5-6. Each time she has had radiofrequency ablation, she had significant positive response and would like to have the procedure repeated as the symptoms are currently causing her significant pain and restriction in her movement. She feels that this makes it increasingly unsafe for her to drive, as she is no longer able to look over her shoulder when backing up in reverse or changing lanes. On exam, there is significant guarding. She sits with her shoulders elevated in obvious discomfort and instead of turning her head from side to side, she rotates her shoulders. She has grossly limited range of motion of the cervical spine. The diagnoses include 1) degenerative disc disease, cervical spine, with cervical facet arthropathy; 2) status post multiple radiofrequency rhizotomies C2 through C7 with good improvement of pain; 3) status post anterior cervical fusion C6-C7, 12/19/2007; 4) chronic bilateral C7 radiculopathy with chronic/reinnervation findings per an electromyography (EMG) on 2/15/2013; 5) bilateral ulnar neuropathy across the elbows per EMG on 2/15/2013; 6) mild bilateral median neuropathy at the wrists (carpal tunnel syndrome) per EMG on 2/15/2013; 7) L3-L4 hypertrophic facet arthropathy causing mild spinal canal stenosis per an MRI on 7/9/2012; 8) L4-L5 hypertrophic facets causing bilateral foraminal stenosis and mild spinal canal stenosis per MRI on 7/9/2012; 9) status post multiple surgeries, right shoulder; 10) status post left shoulder surgery; and 11) status post multiple surgeries, right knee, left calf, both feet, right elbow and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RADIO FREQUENCY ABLATION (RFA) OF C3-C4, C4-C5, AND C5-C6**

**BILATERALLY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** Per the requesting physician, the injured worker had previous authorizations for radiofrequency ablation of the medial branches at the C3-4, C4-5, and C5-6 levels in April 2013 and October 2011. This request had been denied by the claims administrator because the guidelines do not recommend more than two joint levels be performed at one time. The requesting physician notes that the injured worker had these three (3) levels done previously, with significant response, with pain relief greater than 50%, and improved range of motion. Therefore, the injured worker can return back to her previous activity level, which includes being functionally independent in mobility, including driving in a safe manner in changing lanes and reversing her vehicle. Radiofrequency ablation is a procedure that is recommended by the MTUS/ACOEM guidelines and the Official Disability Guidelines. This particular request is for a repeat procedure following a period of significant relief for a period exceeding twelve (12) weeks and it has been over six (6) months since the most recent procedure. The injured worker's multiple traumatic injuries and prior benefit of this procedure at three (3) levels are significant factors in consideration for this treatment at three (3) levels instead of the maximum of two (2) levels as recommended in the Official Disability Guidelines. This request is for repeat of previous successful treatment, not for diagnostic value, so the three (3) levels should be considered appropriate in this case. The request is determined to be medically necessary.