

<b>Case Number:</b>	CM14-0010959		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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:

This is a 44-year-old male patient with a 3/5/12 date of injury. Over the past year, the patient presented with continued neck pain. An 11/18/14 progress report indicates right upper back pain and spasm, limited thoracic range of motion. A 12/19/13 progress report indicates persistent neck pain with poor quality of sleep. Physical exam demonstrates restricted range of motion, left-sided tenderness, and positive left cervical facet loading maneuvers. Neurologic findings are unremarkable. The patient has previously undergone cervical facet medial branch rhizotomies at C4-5 and C6 on 9/5/07, cervical medial branch rhizotomy at C4, C5, C6 on the left on 3/31/10, he underwent cervical epidural steroid injections. A 5/14/09 electrodiagnostic testing demonstrates mild left C8-T1 one cervical radiculopathy. Recently, the patient has had chiropractic care. There is documentation of a previous 1/14/14 adverse determination for lack of recent attempts at conservative management response to previous cervical RFA procedures; and lack of a concurrent plan for adjunct care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL FACET RADIOFREQUENCY ABLATION AT THE LEFT C4, C5, C6:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints Chapter; RFA.

**Decision rationale:** The ACOEM Guidelines states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, the patient's objective functional response to previous RFA was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. There is no evidence that a recent medial branch block was performed to corroborate the current pain generators. Therefore, the request is not medically necessary and appropriate.