

<b>Case Number:</b>	CM14-0019892		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neurological Surgery 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 employee is a 43-year-old female, who states that she sustained a work related injury on November 30, 2007 when she was carrying a Christmas tree up a flight of stairs. Prior treatment has included a cervical decompression surgery on July 27, 2010, a subsequent left cervical radiofrequency ablation on February 14, 2012, and a right shoulder arthroscopy on March 28, 2013. The injured employee was most recently seen on February 27, 2014, with complaints of neck and shoulder pain along with numbness and tingling in her left arm and hand as well as headaches. A previous decrease in headaches and neck pain was reported with the prior radiofrequency ablation. Physical examination noted tenderness of the cervical spine as well as pain with facet loading. The remainder of the objective findings on this date is missing. Continued radiofrequency ablations are recommended.

### 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 AT C4, C5, AND C6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The injured employee previously had a radiofrequency nerve ablation procedure performed with six months relief of headaches and one and a half years relief of neck pain. This success rate appears to far exceed what has been found in studies reviewed by the American College of Occupational and Environmental Medicine (ACOEM) guidelines. It is unclear what is meant by permanent in regard to this request for additional radiofrequency nerve ablations, however, due to the success of the prior procedure it is medically reasonable and necessary to proceed with a single additional radiofrequency nerve ablation procedure and then reevaluate the efficacy afterwards. The request for left permanent cervical facet injection at C4, C5, and C6 is medically necessary and appropriate.

**IV SEDATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** IV sedation is commonly provided to reduce patient discomfort during radiofrequency ablation procedure. As the request for radiofrequency ablation procedure has been approved, this procedure is medically reasonable based on MTUS/ACOEM Guidelines. The request for IV sedation is medically necessary and appropriate.