

<b>Case Number:</b>	CM14-0128135		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/27/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Orthopedic Spine Surgery 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 female who reported an injury on 09/27/2006. The mechanism of injury was not specifically stated. The current diagnoses include postlaminectomy syndrome in the cervical region, degeneration of the cervical intervertebral discs, head and neck symptoms, and repeat prescriptions. The injured worker was evaluated on 02/10/2014 with complaints of persistent neck pain. Previous conservative treatment includes a left sided radiofrequency ablation at C2-3 and C3-4, as well as a right sided radiofrequency ablation at C3-4. It was noted that the injured worker was able to decrease the amount of pain medication use following each procedure. The current medication regimen includes Robaxin, Norco, Lodine, MS Contin, and Pamelor. Physical examination on that date revealed 50 degree flexion, 30 degree extension, 20 degree right and left lateral bending, 45 degree right and left rotation, negative Spurling's maneuver, negative Lhermitte's sign, and tenderness to palpation. It is noted that the injured worker underwent a CT myelogram in 2007 following a C4-6 ACDF. The CT myelogram demonstrated evidence of cervical spondylosis at C2-3 and C3-4 with bilateral facet arthropathy. Treatment recommendations at that time included a right sided C2-3 radiofrequency ablation and a left sided C2-4 radiofrequency ablation. A Request for Authorization form was then submitted on 07/29/2014 for a radiofrequency ablation at C2-3 and C3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation cervical bilateral C2-3/C3-4:** Upheld

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

**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 & Upper Back Chapter, Facet joint radiofrequency neurotomy.

**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. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% relief. As per the documentation submitted, the injured worker underwent a left sided radiofrequency ablation on 06/28/2013 and a right sided radiofrequency ablation in 11/2013. Although the injured worker noted 90% improvement, there was no objective evidence of functional improvement. There was also no documentation of a formal plan of rehabilitation in addition to facet joint therapy. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.