

<b>Case Number:</b>	CM14-0128822		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Surgery, has a subspecialty in Spine 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 patient is a 47-year-old male with a date of injury of October 10, 2002. The patient has chronic neck pain. On physical examination the patient has tenderness to the cervical paraspinal muscles. Cervical extension produces pain. Left shoulder range of motion is restricted by pain in all directions. Recent treatment includes medications as well as left-sided C4-C7 facet medial branch block on June 6, 2014. The patient had the same levels on the right side on April 10, 2014. The provider indicated that these procedures provided 80% relief of pain 30 minutes after the injection. At issue is whether radiofrequency ablation procedures and cervical spine are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided right C4-C5 and C6-C7 facet joint radiofrequency nerve ablation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter.

**Decision rationale:** This patient does not meet criteria for facet radiofrequency ablation. ODG guidelines indicate that objective findings of improved pain and function must be demonstrated. In addition there is no evidence of her formal plan of rehabilitation in addition to facet therapy. Guidelines for multiple joint radiofrequency ablation cervical spine are not met. The medical records do not document VAS core and functional improvement after medial branch block. Also there is no documentation of her formal plan for rehabilitation. ODG Guidelines for neurotomy not met. Therefore the request is not medically necessary.