

<b>Case Number:</b>	CM14-0156606		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Orthopedic 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:

This is a 52-year-old female with a documented date of injury on 09/03/02 as a result of repetitive/cumulative trauma to the upper extremities. The medical records provided for review documented that the claimant has undergone several surgeries to the neck including C5-C7 fusion in 2008 and revision fusion from C4 through C7 in 2010. The progress report dated 08/05/14 documented that the claimant had recently undergone facet joint injections at the C7 through T1 level with positive response of 75 percent relief of her symptoms as a result of the injections performed in November 2013. The report described current increase in neck complaints with radiating pain to the upper extremities, right greater than left. Physical examination showed a guarded assessment of the neck with bilateral weakness of the arms. The report of cervical radiographs dated 08/05/14 showed anterolisthesis of C7 relative to T1 and postsurgical changes from T4 through T7. Based on the previous response to injections in November 2013, the recommendation was made for radiofrequency ablation from C7 through T1 bilaterally under fluoroscopic guidance. The request was previously denied by the carrier in April 2014 due to radicular complaints and lack of documentation of postoperative imaging studies for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation medial branches at C7, C8, T1 bilaterally x1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck & Upper Back Facet joint therapeutic steroid injections, Facet joint radiofrequency neurotomy

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

**Decision rationale:** Based on the California ACOEM Guidelines, the request for radiofrequency procedure at the C7 through T1 level bilaterally is not recommended as medically necessary. The ACOEM Guidelines state that there is only marginal support for efficacy of radiofrequency ablation for the cervical spine. There is also direct contraindication for the use of the procedure in the setting of radiculopathy. The medical records reveal that the claimant has evidence of weakness on examination and bilateral upper extremity complaints consistent with a radicular process and a history of multiple prior fused levels from C4 through C7. Based on the ACOEM Guidelines, the claimant's history of cervical fusion and the physical examination findings, the request for radiofrequency ablation is not recommended as medically necessary.