

<b>Case Number:</b>	CM14-0175570		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/25/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 44-year-old female who reported an injury on 04/25/2007. The injury reported was when the injured worker lifted a 25 pound file box overhead and experienced neck pain, extending into the right shoulder. The diagnoses included cervicgia, lumbago, sciatica, cervical disc displacement without myelopathy. The previous treatments included medication, chiropractic sessions, traction unit, surgery, Toradol injections, cortisone injections, and an MRI. Within the clinical note dated 08/13/2014, it was reported the injured worker complained of neck pain which has worsened. The injured worker reported having a bilateral C3, C4 and C5 radiofrequency ablation on 08/13/2014 with 80% pain relief and was able to avoid medication with better functionality and clearer mind. Upon the physical examination, the provider noted facet loading at the bilateral C3, C4, and C5 Spurling maneuver producing no pain in the neck musculature or radicular signs. The provider indicated the injured worker had a history of cervicogenic headaches and positive facet loading with bilateral C3, C4 and C5 radiofrequency ablation done 1 year ago at 70% pain relief and increased functionality. The provider requested a bilateral C3, C4 and C5 radiofrequency ablation. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 09/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral C3-C4 and C4-C5 radiofrequency ablation:** 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): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint radiofrequency neurotomy

**Decision rationale:** The California MTUS/ACOEM Guidelines note facet injections and diagnostic blocks are not recommended for the cervical spine. In addition, the Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain producing a medial branch block. The guidelines also note facet joint radiofrequency neurotomies are under study. The conflicting evidence, which is primarily observational as available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Approval depends on variables such as evidence of adequate diagnostic blocks. No more than 2 joint levels to be performed at one time. If different regions require neuro blockade, these should be performed at intervals of no sooner than 1 week and preferably 2 weeks. There should be evidence of formal plan of rehabilitation in addition to facet joint therapy. Repeat neurotomies should not be required at an interval of less than 6 months from the first procedure. Duration of the effect after the first neurotomy should have at least 12 weeks of at least greater than 50% relief. The procedure is not supported if the procedure has not sustained pain relief for more than 6 months. The clinical documentation submitted indicated the injured worker had no pain in the neck, musculature or radicular symptoms in the arm. The clinical documentation submitted needs clarification to the specific date of the last radiofrequency ablation. The injured worker reported having a radiofrequency ablation on 08/13/2014; however, the provider indicated the injured worker had a radiofrequency ablation 1 year ago. The requesting physician did not include an adequate documentation of significant physical exam findings congruent with facetogenic pain. Therefore, the request is not medically necessary.