

<b>Case Number:</b>	CM14-0032408		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 4/2/07 date of injury, and status post cervical fusion times two. At the time (2/24/14) of request for authorization for 1 (one) radiofrequency procedure cervical spine, there is documentation of subjective (neck pain and less arm pain) and objective (decreased range of motion of the cervical spine, pain noted with range of motion of the cervical spine, tenderness in the right trapezius area) findings, current diagnoses (status post cervical fusion time two, cervical radiculopathy, and facet arthritis lumbar spine), and treatment to date (epidural injections, physical therapy, activity modification, medications, and bilateral C2-3 and C7-T1 facet blocks (reported as helpful for 6 days) and left C7-T1 and C5-6 facet blocks). There is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%, that no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 (one) radio frequency procedure cervical spine:** 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): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of status post cervical fusion time two, cervical radiculopathy, and facet arthritis lumbar spine. However, despite documentation of prior bilateral C2-3 and C7-T1 facet blocks (reported as helpful for 6 days) and left C7-T1 and C5-6 facet blocks, there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%. In addition, there is no documentation that no more than two joint levels will be performed at one time and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 (one) radiofrequency procedure cervical spine is not medically necessary.