

<b>Case Number:</b>	CM14-0044614		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old female was reportedly injured on 5/22/2013. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 3/26/2014, indicates that there were ongoing complaints of neck pain. The physical examination demonstrated cervical spine: limited range of motion due to pain. Positive tenderness to palpation of the spinous processes at C3, C4, and C5. Negative Spurling's maneuver. Upper extremity reflexes were equal and symmetric. No recent diagnostic studies were available for review. Previous treatment includes cervical facet injections, medications, and conservative treatment. A request had been made for radiofrequency ablation at C3, C4, and C5 and was not certified in the pre-authorization process on 4/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Facet Radiofrequency Ablation at C#, C4, C5: 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 Chapter, Facet Joint Pain, Signs & Symptoms

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Cervical Rhizotomy

**Decision rationale:** ODG guidelines state facet joint radiofrequency neurotomy is under study due to conflicting evidence which is primarily observational. The efficacy of this procedure and approval treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. After review the medical records provided, I was unable to identify any compelling evidence for the necessity of this procedure. Therefore, this request is not medically necessary.