

<b>Case Number:</b>	CM14-0046045		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on October 11, 2010. He subsequently developed chronic neck pain. According to a progress report dated on March 24, 2014, the patient rated his pain 6.5/10. He was able to sit, stand, and walk for a few minutes without exacerbating his pain; however, he was not able to climb stairs of any type of incline and bend, or twist. The patient stated that he had cervical radiofrequency ablation performed on August 13, 2013 and his neck felt much better with improved range of motion after the procedure. It was noted that the patient's qualified medical evaluator approved radiofrequency ablation/injections every 6 months. Hence, the provider requested for another radiofrequency ablation/injections. However the patient physical examination showed reduced range of motion of the cervical spine with 20% of normal flexion, 0% of normal extension and 20% of normal rotation bilaterally. The patient was treated with fentanyl patch, Norco, Lyrica, Nortriptyline, fexmid, Celebrex, Terocin, and Protonix. These medications allowed him to function, although he was not able to do any type of prolonged activity. He was diagnosed with displacement of cervical intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified; brachia neuritis or radiculitis, not otherwise specified. The provider requested authorization for cervical radiofrequency ablation (additional lumbar or sacral facet joint injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical radiofrequency ablation bilaterally at C5-C6 and C6-C7 with CPT Codes 64636 (additional lumbar or sacral facet joint injection), and 99499 (unlisted evaluation): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301..

**Decision rationale:** According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no clear objective documentation of pain and function from previous radiofrequency procedure. In fact, the patient continues on the same medications and there is no data showing functional improvement including cervical range of motion improvement. Therefore, cervical radiofrequency ablation bilaterally at bilateral C5-C6 and C6-C7 is not medically necessary.