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| <b>Case Number:</b>   | CM14-0054509 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 05/09/2006 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2014 |

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 56 year old with an injury date on 5/9/06. Patient complains of constant cervical pain, ongoing lower lumbar pain, constant bilateral shoulder pain, constant bilateral knee pain, and constant left leg, left foot, and left ankle pain per 3/31/14 report. On 3/17/14, patient had a facet block at C6-7 which resolved 100% of her pain for 2 weeks before returning to baseline per 3/31/14 report. Based on the 3/31/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical pain 2. Grade I spondylolisthesis L5 to S1 3. Left leg radiculopathy 4. s/p left shoulder surgery 5. Bilateral knee degenerative joint disease, s/p left total knee Arthroplasty 6. Degenerative scoliosis 7. Facet arthropathy C6-7 8. Medial epicondylitis. Exam on 3/31/14 showed tenderness and spasm to palpation of paracervical muscles. Mildly decreased sensation over the C5 dermatomal distribution. Range of motion of C-spine: moderately decreased, especially at extension (20 degrees). Positive facet loading test. [REDACTED] requesting Radio Frequency Ablation at C6-7. The utilization review determination being challenged is dated 4/10/14 and rejects request due to a lack of documentation of reduced medication usage resulting from facet block. [REDACTED] is the requesting provider, and he provided treatment reports from 12/13/13 to 6/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio frequency ablation at C6-7:** Overturned

**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 (ODG), Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines Guidelines, Low Back Chapter for Facet Joint Radio Frequency Neurotomy.

**Decision rationale:** This patient presents with neck pain, lower back pain, bilateral shoulder pain, bilateral knee pain, and left lower extremity pain. The treater has asked for Radio Frequency Ablation at C6-7 on 3/31/14. The 3/31/14 report shows that the injection, combined with recent completion of course of physical therapy, has increased patient's activities of daily living and reduced her pain significantly. For radio frequency neurotomy of C-spine, ACOEM states that it gives mixed results, and recommends for select patients who have failed conservative modalities and have positive results with diagnostic injection, including functional recovery over the expected duration of the anesthetic agent indicative of facet-mediated pain. In this case, the patient had a positive response to a facet diagnostic block at C6-7 level with 100% relief of pain. The requested Radio Frequency Ablation at C6-7 appears reasonable and consistent with ACOEM/ODG guidelines. Recommendation is authorized as medically necessary.