

<b>Case Number:</b>	CM14-0062174		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, 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 46 year old with an injury date on 8/30/02. Patient complains of bilateral posterolateral neck pain with muscle spasm, radiating into the shoulders per 4/1/14 report. Patient underwent bilateral medial branch facet nerve blocks from C5 to T1 on 7/22/13 which resulted in 90% pain reduction for over an hour per 4/1/14 report. Based on the 4/1/14 progress report provided by [REDACTED] the diagnosis is chronic cervical spine pain s/p C5-6 fusion with multilevel cervical disc degeneration and facet spondylosis. Exam on 4/1/14 showed "moderately reduced range of motion of C-spine. No Spurling sign." [REDACTED] requesting cervical radio frequency at bilateral C5, C6, C7, and T1. The utilization review determination being challenged is dated 4/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/1/13 to 4/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical radiofrequency at bilateral C5, C6, C7 and T1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SI Joint: ODG-TWC guidelines, Hip chapter, for Sacroiliac joint radio frequency neurotomy: Not recommended. Multiple techniques are currently described: (1) a bipolar system using radio frequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radio frequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radio frequency d

**Decision rationale:** This patient presents with neck pain and shoulder pain and is s/p C5-6 discectomy and fusion of unspecified date. The treater has asked for cervical radio frequency at bilateral C5, C6, C7, and T1 on 4/1/14. Patient had facet nerve blocks and facet radiofrequency ablation in October 2008 with excellent initial relief of nearly 100% for several months before pain returned per 4/1/14 report. Patient underwent C6 to T1 medial branch blocks in 2010 which reduced pain over 50%, followed by successful radiofrequency ablation of C6, C7, T1 in early 2011 per 4/1/14 report. For radio frequency neurotomy of C-spine, ODG recommends repeat RF if there has been significant VAS reduction, medication reduction and functional improvement. In this case, while the treater indicates that there has been pain reduction, there is no documentation regarding functional improvement and medication reduction following the prior procedures. Furthermore, the request is for 4 DMB levels for 3 level facet joints. ODG guidelines do not support more than 2 level facet joint level treatments. The request is not medically necessary.