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| <b>Case Number:</b>   | CM14-0084167 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 04/02/1992 |
| <b>Decision Date:</b> | 08/27/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/05/2014 |

### 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 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, the injured worker is a 58-year-old male with a 4/2/92 date of injury. On the date of 05/21/14 a request for authorization for radiofrequency ablation at C2, C3, C4, C5, C6, there is documentation of subjective: neck pain that radiates into the left arm and objective: guarded movements of the neck, tenderness to light palpation in the cervical paraspinal, traps, levator scapular, trigger points in these muscles, pain with extension and rotation to the left, positive axial loading, positive Spurling on the left, and positive allodynia findings. The injured worker's current diagnoses are: cervical spondylosis, cervical radiculopathy and cervical stenosis. The current treatments to date are medications (Valium, gabapentin, and Lyrica) and physical therapy. A medical report dated 05/13/2014 identifies that the patient has had cervical facet injections, he believes from C2-C6 on the left with significant but temporary relief. There is no documentation of at least one set of diagnostic medial branch blocks with a response of a 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:

**Radiofrequency Albation at C2, C3, C4, C5, C6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The 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. The ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of at least 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 cervical spondylosis, cervical radiculopathy and cervical stenosis. However, despite 05/13/14 medical's report documentation that the patient has had cervical facet injections, he believes from C2-C6 on the left with significant but temporary relief, there is no documentation of at least one set of diagnostic medial branch blocks with a response of at least 70%. In addition, given that the request is for radiofrequency ablation at C2, C3, C4, C5, C6, there is no documentation that 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). Furthermore, there is no documentation of 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 radiofrequency ablation at C2, C3, C4, C5, C6 is not medically necessary.