

<b>Case Number:</b>	CM14-0085060		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of August 26, 1998. The patient has chronic back and neck pain. The patient is a 62-year-old male. Patient takes multiple medications to include Tramadol and NSAID medication. On physical examination the patient has painful range of lumbar motion. There is tenderness in the sciatic notch. There is decreased range of motion lumbar spine. Gait is normal. Cervical MRI from April 2011 shows osteophytes from the C3-C7 facet joints. There is mild canal narrowing at C4-5 and foraminal narrowing. Patient has multilevel degenerative disc condition with worse findings of degeneration C5-6 and C6-7. At issue is whether lumbar injection therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation, Left cervical spine facets:** 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 (ODG), Neck and Upper Back ( Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

**Decision rationale:** The medical records do not document that the patient has had diagnostic facet blocks. Radiofrequency ablation of the cervical facets is not medically necessary because the patient has not had diagnostic facet blocks. The patient also has ongoing complaints of cervical thoracic junction pain radiating into the scapular region. There is no clear documentation of facet joint pain. Criteria for facet blocks are not met. Therefore, this request is not medically necessary.