

<b>Case Number:</b>	CM14-0014942		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/20/1992
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker is a 66 year old female, who sustained an industrial injury on 06/20/1992. Treatment to date has included MRI, home exercise program, massage therapy, chiropractic treatment, medial branch blocks and medications. According to a progress report dated 12/31/2013, the injured worker was followed for chronic cervical pain. She reported since her last visit her neck pain had returned to full strength. Diagnoses included cervical spondylosis without myelopathy and interstitial myositis. Treatment plan included medications, follow up in 4 weeks and authorization for bilateral C3, 4, 5 medial branch radiofrequency ablation. According to the provider, the injured worker had a medial branch block in April of 2013 that gave her over 6 months of 60 percent relief of localized pain to that area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medial Branch Radiofrequency Ablation at C-3, C-4 and C-5 (with fluoroscopy as an outpatient): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is no documentation that the facet pain is the main pain generator. No more than 2 joint levels are to be performed at one time according to ODG guidelines. The provider requested radiofrequency ablation from C3-C5 which is more than the maximum 2 joint levels injection at one time. The provider is requesting to perform more than 2 levels which is not recommended by ODG guidelines. There is no documentation of the outcome of previous injection or failure of previous conservative therapies. Therefore the request for 1 RIGHT MEDIAL BRANCH RADIOFREQUENCY ABLATION AT C-3, C-4 AND C-5 WITH FLUOROSCOPY AS AN OUTPATIENT is not medically necessary.