

<b>Case Number:</b>	CM14-0202992		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, 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 female with date of injury of 06/25/2001. Diagnoses from 11/13/2014 are: 1. Myospasm 2. Cervical radiculitis 3. Post laminectomy syndrome, cervical 4. Status post RFTC at the right C2, C3, C4 from 04/07/2014. According to this report, the patient complains of increased neck pain. The patient recently underwent an RFTC (Radiofrequency thermocoagulation) from 04/07/2014 that had 15% reduction of her pain for several months. Examination of the cervical spine shows tenderness to palpation over the right suboccipital region, left suboccipital region, right upper cervical facets, right mid cervical facets, right lower cervical facets, and right trapezius spasm. The patient is also status post cervical fusion from 2002 and 2003. She has painful cervical range of motion in all directions especially upon right lateral rotation. The patient reports "significant improvement following RTFC 04/07/2014." Treatment reports from 06/09/2014 to 11/13/2014 were provided for review. The utilization review denied the request on 11/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Cervical RFTC Right C2,C3,C4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 & 181. Decision based on Non-MTUS Citation ODG, Neck & Upper Back

**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:** This patient presents with neck pain. The treater is requesting ONE CERVICAL RFTC RIGHT C2, C3, and C4. The ACOEM Guidelines page 174 notes under the footnote, "There is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have a positive response to facet injections. Lasting relief (8 to 9 months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures." ODG on facet joint radiofrequency neurotomy states that it is currently under study. Conflicting evidence which is primarily observational is available as to the efficacy of this procedure and approval of treatment should be made on a case to case basis only. For factors associated with treatment failure, ODG lists patients with high opiates use, long duration of pain and disability, and history of lumbar surgery. The records do not show any previous diagnostic medial branch block, which is a prerequisite for radiofrequency ablation. The RFTC from 04/07/2014 provided only 15% pain relief for several months. In this case, there is no documentation of a positive MBB and the most recent RFTC provided minimal relief. The request IS NOT medically necessary.