

<b>Case Number:</b>	CM15-0003453		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 female, who sustained an industrial injury on 03/22/2002. The diagnoses have included pain in joint shoulder - status post shoulder arthroscopy, neck pain, syndrome cervicobrachial, chronic pain, painful respiration- right sided costo-chondritis, carpal tunnel syndrome, and lesion ulnar nerve . On provider visit 11/25/2014 she complained of multifactorial pain including shoulder and low back pain, treatment to date has included TENS unit, diagnostic facet injections of the cervical spine on the right side 10/26/2010 and a radiofrequency facet injection 03/01/2011. Treatment plan included bilateral permanent cervical facet injection at C3, C4, C5 and C6 (AKA radiofrequency ablation) each additional level arthrogram, fluoroscopic guidance IV sedation. On 12/05/2014 Utilization Review non-certified bilateral permanent cervical facet injection at C3, C4, C5 and C6 (AKA radiofrequency ablation) each additional level arthrogram, fluoroscopic guidance IV sedation. The MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral permanent cervical facet injection at C3, C4, C5 and C6 (AKA radiofrequency ablation) each level arthrogram, fluoroscopic guidance IV sedation: 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 Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** Per the guidelines, there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Caution is needed due to the scarcity of high-quality studies. Given the limited evidence to support this procedure, the medical records do not substantiate medical necessity for bilateral permanent cervical facet injection at C3, C4, C5 and C6 (AKA radiofrequency ablation) each level arthrogram, fluoroscopic guidance IV sedation.