

<b>Case Number:</b>	CM15-0135755		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male who sustained an industrial /work injury on 9/23/09. He reported an initial complaint of back and arm pain. The injured worker was diagnosed as having s/p right open elbow fracture with internal fixation, bilateral T12 fracture through interfacet region, T1-4 and 8 compression fractures, s/p T4 -T8 vertebroplasty, cervical sprain/strain, cervical facet disease, right knee contusion, post-traumatic stress disorder, major depression, left shoulder rotator cuff tendinitis/partial tear, and right cubital tunnel syndrome. Treatment to date includes medication, diagnostics, and surgery (nasal septoplasty, left tube placement in left ear). X-ray results of the knees were reported on 1/11/11 that was negative. EMG/NCV (electromyography and nerve conduction velocity test) was performed on 12/19/12. Currently, the injured worker complained of increased pain in the back as well as sore arm with numbness around the elbow joint. Per the primary physician's report (PR-2) on 6/11/15, exam noted tenderness to palpation at the cervical paraspinal muscles and over the right elbow, elbow flexion is normal and extension is -10 degrees, neck range of motion is limited to flexion and rotation and increased pain with oblique extension. Motor strength is 5/5 to upper extremities except right elbow which is 4+/5. The back revealed tenderness with palpation at T5-8, slouched posture, and kyphotic spine. Current plan of care included ENT follow up, weight loss, home exercise program, medications, radiofrequency ablation, and follow up. The requested treatments include one radiofrequency ablation of the bilateral T6, T7 and T8 medial branch nerves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One radiofrequency ablation of the bilateral T6, T7 and T8 medial branch nerves:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint radiofrequency neurotomy (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic (acute & chronic): facet joint radiofrequency neurotomy. (2015).

**Decision rationale:** ODG states that a neurotomy should not be repeated unless duration of pain relief from the first procedure is at least 50% for at least 12 weeks. This patient has undergone 3 RFAs for the mid-back and low back and noted improvement with the first 2. The third procedure, however, was not beneficial. Thus according to guidelines the request is not medically necessary or appropriate.