

<b>Case Number:</b>	CM15-0147307		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old female who sustained an industrial injury on May 2, 2006 resulting in headaches, neck pain, and upper extremity pain, numbness, and tingling. She was diagnosed with cervical degenerative disc disease, cervicgia and bilateral thoracic outlet syndrome. Documented treatment has included rib resections and anterior fusion and discectomy from C4 though C6 which she had reported to relieve pain significantly; cervical epidural steroid injection C7 and T1; and, facet joint block. Recent notes state she does not presently take medication for symptoms. The injured worker continues to report with stiff neck, shoulder pain, migraine headaches, and impaired performance of some activities of daily living. The treating physician's plan of care includes a cervical radiofrequency nerve ablation at the left C3, 4, and 5. She works full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 cervical radiofrequency nerve ablation at left C3, C4 and C5: 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, Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Facet Joint Radiofrequency Neurotomy Section.

**Decision rationale:** The MTUS Guidelines do not address the use of radiofrequency ablation of the cervical facet joints. The ODG reports that facet joint radiofrequency neurotomy is under study as there is conflicting evidence available as the efficacy of this procedure. Studies have not demonstrated improved function, however there may be pain reduction from the procedure. Criteria for use of cervical facet radiofrequency neurotomy includes 1) diagnosis of facet joint pain 2) adequate diagnostic blocks by documented improvement in VAS scores and improvement in function 3) no more than two joint levels are to be performed at one time 4) if different regions require neural blockade, they should be performed at intervals not sooner than one week and preferably two weeks for most blocks 5) there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy 6) repeat neurotomies should not be required at an interval less than six months from the first procedure and duration of effects should be at least 12 weeks with 50% or greater relief. This request is for three levels, which is not supported by these guidelines. Additionally, the injured worker has had a previous cervical spine fusion at the requested levels that caused increased pain, which required additional treatment. The request for 1 cervical radiofrequency nerve ablation at left C3, C4 and C5 is determined to not be medically necessary.