

<b>Case Number:</b>	CM15-0169292		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 56-year-old male who sustained an industrial injury on August 11, 2011 resulting headaches and neck pain. Diagnoses have included cervical facet joint pain C5-6 and C6-7; cervical facet joint arthropathy; and, chronic neck pain. Documented treatment includes right C5-6 and C6-7 facet medial branch block on July 24, 2015 stated in August 12, 2015 report as showing improvement, and medication for pain, neuropathic pain, muscle spasms and inflammation. The injured worker continues to complain of persistent headaches and neck pain. He has not worked since October 2011. The treating physician's plan of care includes radiofrequency ablation but this was not approved due to lack of documentation of the injured worker's response to the July 2015 facet medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Neck and Upper Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck - RFA facet.

**Decision rationale:** ODG guidelines support (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. The medical records provided for review do not indicate physical examination findings consistent with facet mediated pain. There is no documentation of quantitative degree of pain improvement or duration in support of congruence with ODG guidelines for repeat RFA. As such, RFA is not medically necessary.