

<b>Case Number:</b>	CM15-0194401		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male, who sustained an industrial injury on January 23, 2006, incurring low back injuries. He was diagnosed with a cervical and lumbar strain, cervical spondylosis, and lumbosacral spondylosis. Treatment included anti-inflammatory drugs, physical therapy, modified work duties and activity restrictions. His symptoms came and went throughout the following years. Currently, the injured worker complained of persistent low back pain and neck pain worsened by prolonged sitting and standing or bending. He noted limited range of motion of the head and neck and low back due to pain and stiffness. He complained of continuous back pain radiating to the right hip and around the sacral region. Lying down relieved some of his pain. He complained of left sided neck pain worsened with prolonged fixed postures and repetitive motion of the neck. He was diagnosed with cervicgia with cervical facet syndrome and low back pain with sacroiliitis, multilevel degenerative disc disease and osteoarthritis. The treatment plan that was requested for authorization included Radiofrequency Ablation of the cervical spine under fluoroscopy guidance. On September 22, 2015, a request for Radiofrequency Ablation was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation at left C3 and C4, under fluoroscopic guidance with IV sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, updated 07/15/15; Medical branch blocks, Facet joint rhizotomies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

**Decision rationale:** The claimant sustained a work injury in January 2006 as the result of a slip and fall injury while working as a correctional officer. On 08/17/15 he was having left greater than right-sided neck pain. Symptoms were increased when maintaining his head and neck in a fixed position for a prolonged period of time. A normal physical examination was recorded. Imaging results were reviewed with a cervical spine x-ray and May 2015 showing facet osteoarthritis. Diagnostic cervical medial branch blocks were planned. On 08/25/15 he underwent a three level left cervical medial branch block procedure with bupivacaine. Intravenous sedation with Versed was used. An entry dated 08/26/15 references any injection as being potentially painful and conscious sedation was used in order for the claimant to be able to stay still. On 09/11/15 he had decreased pain lasting for 3-4 hours after the procedure. A normal physical examination was documented. Authorization for radiofrequency ablation was requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. A positive response to a diagnostic block includes a response of at least 70% pain relief. In this case, the degree of pain relief after the medial branch block procedure is not quantified. Although two levels are being requested, more than two levels were included in the diagnostic procedure which invalidates it as a diagnostic test for the levels being requested. Sedation was used for potential pain during the procedure rather than for a medically necessary reason. For any of these reasons, the request is not medically necessary.