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| <b>Case Number:</b>   | CM15-0203056 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 05/18/2009 |
| <b>Decision Date:</b> | 12/10/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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 was a 54 year old female, who sustained an industrial injury, May 18, 2009. The injured worker was undergoing treatment for cervicgia, cervical spine radiculopathy, cervical spondylosis, headaches, stress, anxiety, depression and gastritis secondary to medications. According to progress note of April 21, 2015, the injured worker received 50% from pain with taking current medications. According to progress note of August 13, 2015, the injured worker's chief complaint was cervical; spine pain. The injured worker had finished 6 acupuncture treatments and received 70% benefit for 2 days relief of the cervical spasms and finds sitting longer with decreased need to use medications. The injured worker was able to get dressed shower, drive without assistance. The injured worker rated the pain at 4 out of 10 in the cervical spine. The pain was described as aching, burning, sharp, shooting, spasms and tightness. The injured worker reported no difficulty with sleeping. The physical exam noted no abnormal curvature of the cervical spine. There were no obvious deformities. There was tenderness with palpation over the right upper cervical facets, left upper cervical facets, right mid cervical facets, left mid cervical facets, right lower cervical facet, left mid cervical facet, right lower cervical facet and left lower cervical facets, right mid paravertebral spasms, left mid paravertebral spasms, right trapezius spasms and left trapezius spasms. There was pain in all planes of range of motion. According to the progress noted of September 22, 2015, the injured worker received 90% benefit from the cervical facet injections and was getting 50% with medications at this visit. The injured worker previously received the following treatments C4, C5, C6, C7 medial branch radiofrequency ablation under fluoroscopy on February 4, 2013, acupuncture, epidural steroid

injections, heat therapy, ice treatment, physical therapy, trigger point injections, chiropractic sessions for the C6-C7 to reduce subluxation and reduce pain, TENS (transcutaneous electrical nerve stimulator) unit, Meloxicam, Hydrocodone with acetaminophen, Ambien, Alprazolam, cervical spine MRI on April 8, 2015 showed normal disc levels of C2-C3, C3-C4, C4-C5, C6-C7, C7-T1 with C5-C6 suggested a 2mm right posterolateral disc protrusion that appears to be about the right ventral thecal sac and cord. The injured worker reported exercising 3-4 times a week. The EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities showed a normal study. The RFA (request for authorization) dated the following treatments were requested radiofrequency thermocoagulation at the right C3, C4, C5, C6 and C7 levels. The UR (utilization review board) denied certification on September 30, 2015; for a radiofrequency thermocoagulation at the right C3, C4, C5, C6 and C7 levels.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Radiofrequency Thermocoagulation at The Right C3, C4, C5, C6, C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The request is for radiofrequency thermocoagulation at the right C3, C4, C5, C6, C7 levels. CA MTUS Guidelines state that there is limited evidence that the RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have had a positive response to facet injections. Recommendations state that no more than 2 joint levels should be performed at a time. In this case, the request is for 4 levels, which exceeds guidelines. The patient experienced significant pain relief from prior facet blocks on 8/31/2015, however the treatment levels were not identified and a procedure note was not submitted. There is no evidence that prior injections were performed at only the two recommended levels, so it is unclear that the pain generator has been identified. Therefore the request is not medically necessary or appropriate at this time.