

<b>Case Number:</b>	CM15-0207713		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54-year-old female who sustained an industrial injury on 11/3/11. The mechanism of injury was not documented. Records indicated that the injured worker had diagnostic medial branch block at C3, C4, and C5 on the right with reduction in pain from 5/10 to 0/10. She underwent cervical radiofrequency ablation at C3, C4, and C5 on the right on 11/28/14. Prior to the radiofrequency ablation procedure, pain was rated as 7/10 without medications and 4/10 with medications. The 12/18/14 treating physician report documented complaints of neck pain grade 8/10 without medications and 3/10 with medications. She was able to move her right arm more freely with range of motion post cervical radiofrequency ablation. The injured worker was reported stable on her current medication regime which had not essentially changed in greater than 6 months. The 10/8/15 treating physician report cited neck and bilateral upper extremity pain rated grade 5/10 with medications and 10/10 without medications. The injured worker was reported stable with improved quality of life and increased capacity for daily activities with her medication regimen. Cervical spine exam documented restricted and painful range of motion, right sided paravertebral muscle tightness and tight muscle band, and trapezius trigger points with radiating pain and twitch response bilaterally. There was cervical spinal and trapezius tenderness. Spurling's maneuver caused pain in the muscle of the neck with no radicular symptoms. Right shoulder exam documented limited and painful range of motion with positive impingement signs and external rotation and abduction weakness. The diagnosis included cervicobrachial syndrome. Conservative treatment had included massage, physical therapy, home exercise program, trigger point injections, and acupuncture without sustained improvement. She underwent right C3, C4, and C5 radiofrequency ablation on 11/26/14 with improved right arm and neck range of motion. She was capable of modified work. Authorization was requested for

cervical facet radiofrequency ablation on the right at C3, C4, and C5 of the right side. The 10/16/15 utilization review non-certified the request for cervical facet radiofrequency ablation on the right at C3, C4, and C5 of the right side as there was no documentation of functional benefit obtained with the prior cervical radiofrequency ablation and guidelines did not support the medical necessity of this procedure.

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

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

**Cervical facet radiofrequency ablation site, C3, C4, and C5, right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**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, Facet joint diagnostic blocks.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for cervical radiofrequency ablation. The Official Disability Guidelines indicate that cervical facet joint radiofrequency ablation is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency ablation include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. Guideline criteria have not been met. This injured worker presents with neck and bilateral upper extremity pain. Records documented a prior radiofrequency ablation at the C3, C4, and C5 level that did not provide pain relief greater than 50% or sustained pain relief for at least 6 months. Records documented no change in medication use with the prior radiofrequency ablation procedure or significant functional change. Additionally, this procedure is not fully guideline supported due to conflicting evidence as to efficacy. Therefore, this request is not medically necessary.