

<b>Case Number:</b>	CM15-0027905		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 12/03/2003. Current diagnoses include left knee degenerative joint disease, status post T8-T9 fusion, status post L5-S1 fusion with residual left leg numbness, C5-C6 and C6-C7 disc degeneration, and T10-T12 left facet arthropathy. Previous treatments included medication management, thoracic and lumbar fusion, diagnostic facet block, and radiofrequency ablation in 01/2014. Report dated 01/20/2015 noted that the injured worker presented with complaints that included left sided mid to low back pain wrapping around to the abdomen. Pain level was rated as 7 out of 10 on the visual analog scale (VAS) with medication. Physical examination was positive for abnormal findings. The physician noted that the injured worker had received nearly 100% pain relief for at least 6 months with the radiofrequency ablation performed in 01/2014. MRI of the thoracic spine was performed on 12/05/2014. Utilization review performed on 01/30/2015 non-certified a prescription for radiofrequency ablation at the T9-T12, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation at the T-T12 level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back/Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to MTUS guidelines, “there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks.” In this case, although the patient stated that he did receive 100% relief of pain, for 6 months, from a previous radiofrequency ablation, preceded by a diagnostic facet block in January of 2014, there is no documentation of improvement in VAS score, decreased medication use, and functional improvement. Therefore, Fluoroscope-Guided right C5-C6 is not medically necessary.