

<b>Case Number:</b>	CM15-0031687		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37 year old male, who sustained an industrial injury on 1/3/2000. He reports being rear-ended by a bulldozer. Diagnoses include cervical degenerative disc disease and disc displacement, myalgia and myositis. Treatments to date include trigger point injections, TENS (transcutaneous electrical nerve stimulation), surgery, cervical facet joint radiofrequency thermo-coagulation injections, chiropractic care and medication management. A progress note from the treating provider dated 2/16/2015 indicates the injured worker reported lumbar and neck pain and headaches. On 2/18/2015, Utilization Review non-certified the request for 2 cervical radiofrequency thermo-coagulation, citing ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) cervical radiofrequency thermocoagulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint.

**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:** MTUS only discusses radiofrequency ablation in context of Pulsed radiofrequency treatment; therefore other guidelines were utilized. ODG states regarding cervical radiofrequency ablation, "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." ODG states additional criteria: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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. ODG further details, "No pain medication should be taken for four hours prior to the block, and no IV sedation (except for cases of extreme anxiety)". The current request is for IV sedation. No documentation or evaluation for anxiety is noted in the medical records. The medical records indicate facet joint pain and a prior radiofrequency diagnostic block with improved VAS score. While the treating physician notes a 75% reduction in axial neck pain since the last radiofrequency treatment, the treating physician also notes increased neck pain and that the patient is able to function and work full time with medications in his 2/16/15 progress note. The treating physician has met some of the criteria above but provided conflicting information about neck pain. It is not clear that the patient is a candidate for a repeat radiofrequency thermocoagulation treatment at this time. As such, the request for Two (2) cervical radiofrequency thermocoagulation is not medically necessary.