

<b>Case Number:</b>	CM15-0037865		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/25/1995
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

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:

This 66-year-old male reported a work-related injury on 03/25/1995. According to the Visit Note dated 1/7/15, the injured worker (IW) reports cervical pain and spasms are improved since his last trigger point injections. The IW was diagnosed with cervical disc degeneration, spasm of muscle, fasciitis not otherwise specified, arthrodesis status, post laminectomy syndrome of the cervical region and encounter for long-term use of other medications. Previous treatments include medications, trigger point injections, medial branch nerve blocks and radiofrequency ablations, cognitive behavioral therapy and psychological therapy. A progress report dated November 12, 2014 indicates that a radiofrequency ablation at C3, C4, and C5 on the right on June 13 of 2013 provided greater than 50% pain relief for approximately 6 hours with bupivacaine local anesthetic. The note goes on to indicate that a prior history of medial branch radiofrequency ablation on the right was last done on August 8, 2013. The note states that previous radiofrequency ablation have provided "greater than 4-6 months of pain relief."The Utilization Review (UR) on 02/12/2015 non-certified the requested services/treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation Right C3, C4, C5 Spine, quantity: 3,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, there is no indication that the patient has had a medial branch blocks with greater than or equal to 70% reduction in pain. Additionally, there is no documentation of specific analgesic efficacy or functional improvement from previous radiofrequency ablation. Finally, there are no recent physical examination findings supporting a diagnosis of facet mediated pain. In the absence of such documentation, the currently requested repeat radiofrequency ablation is not medically necessary.