

<b>Case Number:</b>	CM15-0039341		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 57 year old male sustained an industrial injury on 3/1/04, with subsequent ongoing neck, back and knee pain. Treatment included magnetic resonance imaging scans, left carpal tunnel release, cervical radiofrequency rhizotomy (7/12), injections, knee brace and medications. Magnetic resonance imaging cervical spine (10/28/14) showed multiple posterior bulging discs with annular tears. In a PR-2 dated 2/17/15, the injured worker complained of neck pain with radiation down the left arm, low back pain, bilateral wrist pain and left knee pain, rated 7/10 on the visual analog scale. The injured worker also reported a recent increase in headaches that started at the base of the neck and radiated up the occiput into the eye as well as numbness and tingling to bilateral hands. Current diagnoses included thoracic spine pain, knee pain, cervical degenerative disc disease, carpal tunnel syndrome, cervical facet syndrome, thoracic and lumbar disc degeneration, cervical pain and low back pain. The treatment plan included left radiofrequency ablation targeting the left C3, C4, and C5 levels, walking for exercise, continuing home exercise and medications (Maxalt, Cymbalta, Verapamil and Lyrica).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 radiofrequency ablation targeting the left C3, C4, and C5 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet Joint Radiofrequency Rhizotomy.

**Decision rationale:** Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks" but beyond that MTUS is silent on specific requirements for RF ablation in the cervical spine. Per Official Disability Guidelines with regard to facet joint radiofrequency neurotomy: "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." The Official Disability Guidelines indicates that criteria for cervical facet joint radiofrequency neurotomy are as follows: 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. Per the guidelines, no more than two joint levels are to be performed at one time. As the request is for three levels, medical necessity cannot be affirmed. This request is not medically necessary.