

<b>Case Number:</b>	CM15-0041276		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/16/1990
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old female, who sustained an industrial injury on 7/16/1990. At the time of the injury, she reported pain from her neck down her left arm to her hand with associated numbness and weakness. She was diagnosed as having cervical radiculopathy. Treatment to date has included left thoracic outlet decompression surgery (1992), medications, trigger point injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 11/21/2014, the injured worker reported neck pain. Physical examination is handwritten and mostly illegible and revealed limited neck range of motion. Per the Agreed Medical Evaluation dated 11/21/2014, she reported pain in the neck with radiation down the left upper extremity. She reported frequent headaches. The plan of care included a left C3, C4, C5 and C6 block with pulsed frequency. Authorization was requested on 11/25/2014 for left C3, 4, 5, 6 block with pulsed frequency for the neck area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C3-C6 block with pulsed frequency:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF) Page(s): 102.

**Decision rationale:** The patient presents with pain affecting the neck. The current request is for Left C3-C6 block with pulsed frequency. The requesting treating physician report dated 11/21/14 was not entirely legible. The MTUS guidelines state the following regarding Pulsed radiofrequency treatment (PRF): Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermos coagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. In this case, the current request for a left C3-C6 block with pulsed frequency is not recommended as pulsed radiofrequency is considered not medically necessary for the treatment of chronic pain syndromes, by the MTUS guidelines. Furthermore, there was no rationale by the physician in the documents provided, as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.