

<b>Case Number:</b>	CM15-0053629		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency 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 51 year old female who sustained an industrial injury on July 2, 2008. She has reported pain in the neck shooting up the left occipital area and has been diagnosed with cervicgia and brachial neuritis. Treatment has included surgery and medications. There was exquisite tenderness at the base of the skull on the left side and tenderness over the greater occipital nerve. MRI of the cervical spine dated March 2012 revealed ongoing degenerative changes and varying degrees of foraminal stenosis on the right and the left. The treatment request included radiofrequency ablation at right C4-5, C5-6, C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Radiofrequency Ablation, Right Cervical C4-C5, C5-C6, and C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck Chapter - Facet Joint Radiofrequency.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, neck chapter, facet joint radiofrequency.

**Decision rationale:** The patient is a 51 year old female who sustained her injury in July of 2008. She has subsequently been diagnosed with cervicgia and brachial neuritis. Treatment has included surgical measures and medications, but has ongoing discomfort. The request is for radiofrequency ablations of the right C4-5, C5-6, and C6-7 levels. There is inadequate documentation of sustained pain relief beyond 6 months. There is also inadequate documentation of pain relief of greater than 50%. Both of these are criteria which need to be met based on the guidelines for a repeated procedure. As such, the request is not medically necessary.