

<b>Case Number:</b>	CM15-0053894		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old female, who sustained an industrial injury on 01/08/2010. The injured worker is currently diagnosed as having moderate right supraspinatus shoulder tendon tear, right shoulder bursitis, right subacromial spurring, right shoulder internal derangement, right shoulder sprain/strain, left shoulder supraspinatus and infraspinatus tear, left shoulder impingement with subacromial spurring, left shoulder internal derangement, bilateral cervical facet joint pain, cervical facet joint arthropathy, and cervical sprain/strain. Treatment to date has included radiofrequency ablation, medial branch blocks, and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of bilateral lower neck and bilateral shoulder pain. The treating physician reported requesting authorization for bilateral C5-C6 and bilateral C6-C7 facet joint radiofrequency nerve ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat bilateral C5-6 and C6-7 radiofrequency ablation (with fluoroscopic guidance):**

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), Online version, Neck- Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, radiofrequency neurotomy.

**Decision rationale:** This 47 year old female has complained of neck pain and bilateral shoulder pain since date of injury 1/8/10. She has been treated with physical therapy, medications, medial branch blocks and radiofrequency ablation. The current request is for repeat bilateral C5-6 and C6-7 radiofrequency ablation with fluoroscopic guidance. Per the ODG guidelines cited above, studies have not demonstrated improved function with radiofrequency ablation and it is not recommended. Additionally, there is no included provider documentation regarding the IW's current level of physical impairment or objective measures of function. On the basis of the available medical documentation and per the ODG guidelines cited above, repeat bilateral C5-6 and C6-7 radiofrequency ablation with fluoroscopic guidance is not medically necessary.