

<b>Case Number:</b>	CM15-0087113		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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

### 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 65-year-old female, who sustained an industrial injury on 7/12/06. The injured worker was diagnosed as having cervical facet syndrome, cervical spondylosis, carpal tunnel syndrome, ulnar neuropathy, right shoulder pain, cervical radiculopathy, and spasm of muscle. Treatment to date has included TENS, home exercise, medications, multiple cervical medial branch radiofrequency neurotomies at C4-6, a cervical epidural steroid injection on C7-T1 on 12/17/10, and cervical facet nerve blocks. Excellent relief was noted from right medial branch blocks. A physician's report dated 12/31/14 noted pain was rated as 7/10 with medications and 9/10 without medications. Currently, the injured worker complains of neck and right shoulder pain. The treating physician requested authorization for cervical facet radiofrequency ablation of right C4, C5, and C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical facet radiofrequency ablation right C4, C5, C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181.

**Decision rationale:** The patient has undergone multiple previous medial branch blocks and RFA in the cervical spine along with cervical epidural steroid injections. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted disc bulges and canal stenosis s/p CESI. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage and medical utilization or an increase in ADLs and function to repeat procedures for this chronic injury of 2006. The Cervical facet radiofrequency ablation right C4, C5, C6 is not medically necessary and appropriate.