

<b>Case Number:</b>	CM15-0089172		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61-year-old female who sustained an industrial injury on 4/09/08. The mechanism of injury was not documented. The 12/2/09 cervical spine MRI impression documented prominent hypertrophic disc osteophyte formations at C3/4, C4/5, and C5/6 which was noted notable at the C4/5 level resulting in cervical cord contact but no evidence of cord edema or myelomalacia. There was mild to moderate central canal narrowing. There was hypertrophic facet arthropathy and uncinat ridging asymmetrically, more prominent on the left with resultant moderate left foraminal narrowing at C6/7. Prior cervical radiofrequency ablation at left C3, C4, and C5 were noted on 8/11/10, 9/28/11, and 5/15/13. The 4/21/15 treating physician report cited neck and lower backache with pain reported grade 8.5/10 without medications. Cervical pain was increased, left greater than right. Headaches were gradually returning since cervical radiofrequency ablation performed 5/15/13, but still less severe in intensity and frequency. The last radiofrequency ablation provided significant relief with gradual return of pain over the past few months. Cervical spine exam documented flexion 35 degrees, extension 30 and painful, paravertebral muscle tightness bilaterally, negative Spurling's maneuver, and 4/5 abductor pollicis brevis and abductor digiti minimi weakness bilaterally. The diagnosis included cervical pain. The treatment plan requested left C3, C4, C5 radiofrequency ablation and 4 sessions of physical therapy with focus on home exercise program. The injured worker was using her TENS unit daily. The 4/30/15 utilization review non-certified the request for left cervical facet radiofrequency ablation at C3, C4, and C5 based on a lack of documentation of at least 12 weeks at 50% relief with prior radiofrequency ablation. The

5/25/15 appeal letter stated that the injured worker had restricted cervical range of motion and tenderness over the bilateral paravertebral musculature. She had failed extensive conservative care and found significant pain relief with previous cervical radiofrequency ablation on 5/15/13 that provided more than 50% long-term pain relief.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left side cervical facet radiofrequency ablation at C3, C4 and C5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

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

**Decision rationale:** The California MTUS guidelines do not provide recommendations for cervical radiofrequency ablation. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency ablation include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guideline criteria have been met. This injured worker presents with increased cervical pain and associated headaches that were gradually returning. There was restricted and painful cervical extension and cervical paravertebral tightness and tenderness to palpation. Prior benefit was documented to the 5/15/13 left C3, C4, C5 radiofrequency ablation with 50% long term benefit and the effects still resulting in less intense and less frequent headaches. There is evidence of a plan of evidence based functional restoration, including home exercise program, TENS unit and a current request for physical therapy. Therefore, this request is medically necessary.