

<b>Case Number:</b>	CM14-0164063		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. The expert reviewer is Board Certified in Allergy and Immunology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female was injured 3/4/14. Facet arthropathy was found at C3-4 on MRI 4/23/14 causing mild foraminal narrowing along with C5-6 mild disc degeneration with moderate bilateral foraminal stenosis and at C6-7 moderate disc degeneration with marked bilateral foraminal stenosis. On 8/28/14 diagnostic blocks at left C4-5 and C6-7 provided 90% relief of axial neck pain and improved cervical range of motion. This lasted greater than 2 hrs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-5, C6-7 Rhizotomy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition, 2011, Cervical-Rhizotomy

**Decision rationale:** Information provided by the requesting provider in a note dated 10/2/14 stated that the patient had benefitted from the diagnostic block. The diagnostic block had provided 90% relief of axial left cervical pain and increased range of motion lasting greater than 2 hours starting 30 minutes after the injection. The patient had completed 14 sessions of physical

therapy to the cervical spine. The home exercise program as instructed by the therapist had failed to be of benefit. Post RF ablation physical therapy is planned when and if there is a flare of the neck pain post procedure. This information, as supplied per the letter of appeal offered by the requesting provider, is sufficient to deem the requested left C4-5, C6-7 Rhizotomy medically necessary.