

<b>Case Number:</b>	CM15-0015551		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on 2/28/05. She has reported neck pain and left upper extremity pain. The diagnoses have included brachial plexus lesions, post-lami syndrome, cervical, shoulder arthralgia/joint pain, spasm of muscle, constipation, anxiety disorder and depressive disorder. Treatment to date has included physical therapy, injection therapies, oral medications and resection of a rib. (MRI) magnetic resonance imaging of cervical spine completed 10/14/11 revealed anterior cervical discectomy fusion from C4-5 without significant central or foraminal stenosis. Left (EMG) Electromyogram performed on 5/31/12 revealed abnormal medial antebrachial cutaneous sensory conduction study, studies for left ulnar pathology at the left elbow and left wrists are normal. Physical exam performed that day revealed significant muscle spasm of cervical spine and moderate tenderness to cervical paraspinous muscles on left side. Currently, the injured worker complains of aching pain of neck and left upper extremity with numbness to her fingers. On 12/23/14 the injured worker stated her pain medicines continue to provide a modicum of relief with increased ability to accomplish activities of daily living, with increased difficulty accomplishing activities of daily living is she misses a dose of her medication. On 1/27/15 Utilization Review non-certified left C3, C4, C5 radiofrequency ablation, noting the lack of medical necessity due to her pain currently being managed conservatively by a variety of specialties. The ODG was cited. On 1/27/15, the injured worker submitted an application for IMR for review of left C3, C4 and C5 radiofrequency ablation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C3, C4 and C5 radiofrequency ablation:** 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), Facet joint radiofrequency neurotomy-Neck and Upper Back Chapter; Criteria for use of cervical facet radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back

**Decision rationale:** Facet joint radiofrequency neurotomy is under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this instance, the injured worker has had similar procedures done 2-4-2010, 4-8-2010, 2-6-2012, and 1-6-2014. The submitted medical record does not contain treatment notes indicating what degree of relief she obtained or how her functional status improved as a consequence of these procedures. There is a letter from the injured worker from 2-5-2015 stating she obtained 50% improvement for 5-6 months following the radiofrequency ablation from 1-6-2014, but again nothing in terms of clinical notes reflecting the same. In fact, a treatment note from 4-2-14 stated that she was worse since her dose of opioids had been reduced. In summary, no clinical evidence for improvement in pain or functionality following previous blocks in the same region is available for review. Consequently, Left C3, C4 and C5 radiofrequency ablation is not medically necessary with reference to the cited guidelines and in view of the submitted medical record.