

<b>Case Number:</b>	CM15-0112355		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 55-year-old male with an industrial injury date of 10/15/1998. His diagnosis was lumbar radiculopathy. Prior treatment included cervical medial branch radiofrequency ablation, medications. He presents on 04/27/2015 with complaints of headache, neck and back pain. The pain is rated as 8/10. Functional impairment is documented as very severe with increased need for pain medication. He is unable to carry out any daily activities. Physical exam revealed slightly antalgic gait. Head and neck exam revealed normal tone and strength. There was pain in the cervical and lumbar area. There was pain with lumbar facet loading maneuver and with cervical facet loading. The provider documents the previous cervical medial branch radio frequency ablation procedure performed over 6 months ago was 90% effective for over 6 months. Treatment plan included previous cervical medial branch radiofrequency ablation procedure, medications, lumbar MRI, urine drug screen and follow up in 2-4 weeks. Arizona Prescription drug Monitoring Profile was reviewed and was consistent. The treatment request is for Hydrocodone-Acetaminophen 5/325 mg - quantity 120, MRI (magnetic resonance imaging) lumbar spine without contrast, right sided cervical 4, cervical 5 and cervical 6 radio frequency ablation with sedation, Tizanidine HCL 4 mg - quantity 60, Meloxicam 7.5 mg- quantity 60 (authorized) and urine drug screen (retrospective 04/27/2015 - previously authorized. )

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sided C4, C5, C6 Radiofrequency Ablation with sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Facet joint radiofrequency neurotomy, therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Radiofrequency Ablation.

**Decision rationale:** The ODG guidelines do not recommend radiofrequency neurotomy or radiofrequency ablation (RFA) or for more than two levels be performed at one time. The guidelines note that RFA is under study. They also recommend RFA based on the response to medial branch blocks. Documentation does not provide evidence of such blocks. Therefore, the request for right sided C4, C5, C6 radiofrequency ablation with sedation is not medically necessary and appropriate.

**MRI (magnetic resonance imaging) Lumbar Spine, without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tizanidine HCL (hydrochloride) 4 mg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Hydrocodone-Acetaminophen 5/325 mg Qty 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.