

<b>Case Number:</b>	CM15-0112674		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Internal Medicine

### 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 56 year old, female who sustained a work related injury on 9/29/2000. She was rear-ended while stopped in a motor vehicle accident. She immediately developed neck, shoulder and back pain and a headache that never went away. The diagnoses have included chronic pain, cervical radiculopathy, neck pain, cervical syndrome, cervical disc degeneration, spasm and brachial radiculitis. Treatments have included medications, Botox injections, cervical epidural steroid injections, selective nerve blocks, facet injections, ice/heat therapy, massage, physical therapy, stretching, chiropractic treatment and rest. In the Primary Treating Physician note dated 5/12/15, the injured worker complains of neck, arms and upper back pain. The pain radiates to both arms. She describes the pain as achy, burning, deep, numbness, piercing, sharp, stabbing, superficial and throbbing. She rates the pain level a 6/10 with medications and a 10/10 without medications. Upon physical examination, she has tenderness to palpation of cervical spine. She has moderate pain with neck range of motion. She had good benefit with previous upper cervical radiofrequency ablation. She got 80% pain relief for 6-8 months. The treatment plan includes a request for authorization for a upper cervical radiofrequency ablation procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation at right C2, C3, and TON with IV sedation: 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), Neck and Upper Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint therapeutic steroid injections.

**Decision rationale:** ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient underwent prior RFA in 2009 with relief however, the provided documentation indicates the presence of cervical radiculopathy on physical exam. The guideline criteria were not met. Likewise, there was no objective evidence of failure and exhaustion of guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for radiofrequency ablation at right C2, C3, and TON with IV sedation fluoroscopic guidance is not medically necessary.