

<b>Case Number:</b>	CM15-0067297		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 43-year-old female who sustained an industrial injury on 7/1/02. Injury occurred when she was riding in a truck and was bounced, hitting her head against the top of the truck and slamming her back against the seat. Records indicated that the 1/31/05 cervical MRI showed minimal disc degeneration and facet arthropathy with no evidence of neuropathic impingement on the spinal cord or nerve roots. The injured worker underwent cervical medial branch blocks at C2/3, C3/4, C4/5, and C5/6 on 9/6/12. The medical records provided from 9/18/14 to 11/10/14 were reviewed and documented lumbar facet medicated pain and response to lumbar radiofrequency treatment on 11/10/14. The 2/26/2015 treating physician report cited grade 7/10 neck pain, left greater than right. There were no associated radicular symptoms. She had prior cervical radiofrequency treatments of C3/4, C4/5, and C5/6 bilaterally. She was much more symptomatic on the left side today. Physical exam documented exquisite pain with extension and rotation of the cervical spine on the left side only with tenderness to palpation over the left cervical facet joints. Grip was 5/5 and sensation was intact. The diagnosis included left sided cervical facet pain involving C3/4, C4/5, and C5/6. Authorization was requested for cervical radiofrequency to treat the left side of her cervical spine at C3/4, C4/5, and C5/6. The 3/26/15 utilization review non-certified the request for left cervical radiofrequency at the C3-6 levels as there as a lack of documentation demonstrating the percentage of pain relief, duration of pain relief, evidence of significant functional improvement, and evidence of decreased medication usage with prior radiofrequency ablation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cervical radiofrequency at levels C3-6 under fluoroscopic guidance with IV sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & 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 and Upper Back: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. 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 neurotomy 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. No more than 3 procedures should be performed in a year's period. Guideline criteria have not been met. This patient presents with left sided neck pain with clinical exam findings consistent with facet mediated pain. The treating physician documented prior cervical radiofrequency treatment for C3-6. There is no documentation in the provided records regarding the dates of prior radiofrequency treatment, percentage of pain reduction, duration of pain relief, and associated functional benefit, including medication reduction. Given the absence of this documentation, the medical necessity of repeat radiofrequency treatment cannot be established. Therefore, this request is not medically necessary.