

<b>Case Number:</b>	CM15-0098956		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old female sustained an industrial injury on 6/7/11. She subsequently reported neck and back pain. Diagnoses include cervicalgia, thoracic/ lumbosacral neuritis/ radiculitis. Treatments to date include nerve conduction, MRI and x-ray testing, physical therapy, cervical radiofrequency ablation and prescription pain medications. The injured worker continues to experience neck and low back pain with radiation to the extremities. Upon evaluation, the injured worker has overall stable symptoms of her neck condition but the neck pain is returning c/w facet regeneration. Radicular pain is minimal to none now. No device is used to ambulate. A request for Right RFA at C3, 4, 5, 6 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right RFA at C3, 4, 5, 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

**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: Cervical Facet Radiofrequency.

**Decision rationale:** Right RFA at C 3, 4, 5, 6, is not medically necessary. The official disability guidelines state that "facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with neck pain that is nonradicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. The request is for more than 2 levels at one time; therefore, the request is not medically necessary.