

<b>Case Number:</b>	CM14-0151639		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55 year old female with date of injury 3/17/2011. The mechanism of injury is stated as tripping and falling. The patient has complained of neck pain and right shoulder pain radiating to the right trapezius region since the date of injury. She has been treated with a cervical spine surgery dated 08/21/2012 consisting of an anterior cervical discectomy and fusion, physical therapy, epidural corticosteroid injection and medications. Objective: decreased and painful range of motion of the cervical spine and right shoulder, positive impingement sign right shoulder, decreased range of motion of the right shoulder, right acromioclavicular joint tenderness with palpation. Treatment plan and request: Cervical medial branch block, cervical radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Facet Joint Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

**Decision rationale:** This 55 year old female patient has complained of neck pain and right shoulder pain since date of injury 3/17/2011. She has been treated with cervical spine surgery dated 08/21/2012 consisting of an anterior cervical discectomy and fusion, physical therapy, epidural corticosteroid injection and medications. The current request is for a cervical medial branch block. Per the MTUS citations listed above, invasive techniques in the treatment of neck pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are not recommended. On the basis of the MTUS guidelines, cervical medial branch block is not indicated as medically necessary.

**RFA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** This 55 year old female has complained of neck pain and right shoulder pain since date of injury 3/17/2011. She has been treated with cervical spine surgery dated 08/21/2012 consisting of an anterior cervical discectomy and fusion, physical therapy, epidural corticosteroid injection and medications. The current request is for a cervical radiofrequency ablation. Per the MTUS guideline cited above, radiofrequency ablation of cervical facet joint nerves is not recommended. On the basis of the MTUS guidelines, cervical radiofrequency ablation is not indicated as medically necessary.