

<b>Case Number:</b>	CM13-0026889		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 Physician 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 injured worker is a 40-year-old female who reported an injury on 01/20/2012 when she was struck by a vehicle while at work. On 07/25/2013 the injured worker underwent an MRI that revealed multilevel disc disease and evidence of cord compression at C3-C6. On 11/04/2013 the injured worker complained of neck pain with increased worsening disc pathology. On the physical examination of the cervical spine, it revealed pain to palpation at the facet joints with palpable paraspinal muscles spasms at CS-C6, C4-C5 and C3-C4. It was noted the range of motion was limited to secondary pain and flexion was 50 % and extension was 20%. The side to side bending was 75% and the motor strength was 5/5 proximally and distally and in the bilateral upper extremities. It was noted the injured worker underwent 2 prior facet injections and (median branch blocks) with undocumented pain relief measures for the injured worker. The medications included Norco 10/325 mg. The injured worker's diagnoses included worsening facet pain bilateral C3-4, C4-5, and at C5-6, C3-4 and C4-C7 disc protrusion, cervical myopathy, and lumbar disc protrusion levels yet underdetermined. It was noted that the injured worker had physical therapy but there was a lack of evidence of the outcome measurements of the physical therapy. The treatment plan included request for a decision on bilateral facet cervical neurotomies at C3-C4, C4-C5 and C5-C6. The authorization for request was submitted on 09/12/2013 for bilateral facet cervical neurotomies at C3-C4, C4-C5 and C5- C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **BILATERAL C3-C4 FACET CERVICAL NEUROTOMIES: Upheld**

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

**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 (Acute & Chronic) Facet joint diagnostic blocks.

**Decision rationale:** The requests for the bilateral C3- C4 facet cervical neurotomies are not medically necessary. The injured worker's diagnoses included worsening facet pain bilateral C3-4, C4-5, and at C5-6, C3-4 and C4-C7 disc protrusion, cervical myopathy, and lumbar disc protrusion levels yet undetermined. The Official Disability Guidelines (ODG) indicate that the neck facet joint radiofrequency neurotomies under studies have not demonstrated improved function, and there is conflicting evidence which is primarily observational and, is available as to the efficacy of this procedure and approval of the treatment should be made on a case-by-case basis. The guidelines also indicate for the use of cervical facet radiofrequency neurotomy treatment requires a diagnosis of facet joint pain, approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement and VAS scores and documented improvement in function. No more than 2 joint levels are to be performed at one time, if different regions require neural blockade these should be performed at intervals of not sooner than one week and preferably 2 weeks for most blocks. There should be evidence of formal plan of rehabilitation in addition to facet joint therapy, while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. The duration of the effect after the first neurotomy should be documented for at least 12 weeks at a decreased 50% relief, the current literature does not support that procedure is successful without sustained pain relief and no more than 3 procedures be performed in a year's period. The documentation that was provided on 09/12/2013 lacked evidence of conservative care such as physical therapy measurements outcome and pain management. It was documented the injured worker had undergone a facet injection but there was a lack of evidence to show the outcome results of the pain relief for the injured worker after receiving the facet injection. In addition, there was a lack of evidence of a formal plan of rehabilitation for the injured worker of facet joint therapy and the request lacked the injured worker having facet joint pain. Given the above, the requests for the bilateral C3-C4 facet cervical neurotomies are not medically necessary.

## **BILATERAL C4-C5 FACET CERVICAL NEUROTOMIES: Upheld**

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

**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 (Acute & Chronic) Facet joint diagnostic blocks.

**Decision rationale:** The requests for the bilateral C4-C5 facet cervical neurotomies are not medically necessary. The injured worker's diagnoses included worsening facet pain bilateral C3-4, C4-5, and at C5-6, C3-4 and C4-C7 disc protrusion, cervical myopathy, and lumbar disc protrusion levels yet undetermined. The Official Disability Guidelines (ODG) indicate that the neck facet joint radiofrequency neurotomies under studies have not demonstrated improved function, and there is conflicting evidence which is primarily observational and is available as to the efficacy of this procedure and approval of the treatment should be made on a case-by-case basis. The guidelines also indicate the use of cervical facet radiofrequency neurotomy treatment requires a diagnosis of facet joint pain, approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement and VAS (visual analog scale) scores and documented improvement in function. No more than 2 joint levels are to be performed at one time; if different regions require neural blockade, these should be performed at intervals of not sooner than one week and preferably 2 weeks for most blocks. There should be evidence of formal plan of rehabilitation in addition to facet joint therapy; while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. The duration of the effect after the first neurotomy should be documented for at least 12 weeks at a decreased 50% relief, the current literature does not support that procedure is successful without sustained pain relief and no more than 3 procedures be performed in a year's period. The documentation that was provided on 09/12/2013 lacked evidence of conservative care such as physical therapy measurements outcome and pain management. It was documented the injured worker had undergone a facet injection but there was a lack of evidence to show the outcome results of the pain relief for the injured worker after receiving the facet injection. In addition, there was a lack of evidence of a formal plan of rehabilitation for the injured worker of facet joint therapy and the request lacked the injured worker having facet joint pain. Given the above, the requests for the bilateral C4-C5 facet cervical neurotomies are not medically necessary.

**BILATERAL C5-C6 FACET CERVICAL NEUROTOMIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

**Decision rationale:** The requests for the bilateral C5-C6 facet cervical neurotomies are not medically necessary. The injured worker's diagnoses included worsening facet pain bilateral C3-4, C4-5, and at C5-6, C3-4 and C4-C7 disc protrusion, cervical myopathy, and lumbar disc protrusion levels yet undetermined. The Official Disability Guidelines (ODG) indicate that the neck facet joint radiofrequency neurotomies under studies have not demonstrated improved function, and there is conflicting evidence which is primarily observational and, is available as to the efficacy of this procedure and approval of the treatment should be made on a case-by-case basis. The guidelines also indicate for the use of cervical facet radiofrequency neurotomy treatment requires a diagnosis of facet joint pain, approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement and VAS scores and documented

improvement in function. No more than 2 joint levels are to be performed at one time, if different regions require neural blockade these should be performed at intervals of not sooner than one week and preferably 2 weeks for most blocks. There should be evidence of formal plan of rehabilitation in addition to facet joint therapy, while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. The duration of the effect after the first neurotomy should be documented for at least 12 weeks at a decreased 50% relief, the current literature does not support that procedure is successful without sustained pain relief and no more than 3 procedures be performed in a year's period. The documentation that was provided on 09/12/2013 lacked evidence of conservative care such as physical therapy measurements outcome and pain management. It was documented the injured worker had undergone a facet injection but there was a lack of evidence to show the outcome results of the pain relief for the injured worker after receiving the facet injection. In addition, there was a lack of evidence of a formal plan of rehabilitation for the injured worker of facet joint therapy and the request lacked the injured worker having facet joint pain. Given the above, the requests for the bilateral C5-C6 facet cervical neurotomies are not medically necessary.