

<b>Case Number:</b>	CM13-0027974		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/16/1998
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 is licensed to practice in California. 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:

This is a 55-year-old female with a date of injury of 4/16/98. Diagnoses include arthrodesis C5-6 & C6-7, degenerative disc disease above and below cervical fusion, facet syndrome, and intermittent upper extremity radiculopathy. This patient is status-post radiofrequency rhizotomy at C3, C4, C6 & C7. A note dated 10/15/13 indicates cervical rhizotomies were last performed in 2012. This reportedly resulted in greatly reduced pain levels. On this particular visit (10/15/13) pain levels are noted to be stable to worse. In a note dated 10/29/13 there is mention of a cervical spine rhizotomy performed on 6/6/13. Additional information on this date (10/29/13) indicates reported continued middle neck pain with radiation to upper extremities. There is a note from 12/13/12 indicating this patient had a neurotomy performed on 7/27/12 and did not get sustained relief. Of note, on 2/5/13 the patient reported the radiofrequency neurotomy did not last. On 3/6/13 there is a report that this patient did not get relief from the neurotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical radiofrequency neurotomy, right C-3 QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, in reference to Facet joint pain and Neck Chapter, Cervical Diagnostic Blocks, facet joint rhizotomies and MTUS Definitions: Functional Improvement.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 117, 181, 190, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** A cervical radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic neck pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying a facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. According to MTUS guidelines radiofrequency neurotomy is an option for management of neck pain. The evidence is limited with regard to effective relief of cervical facet joint pain. The sample sizes in studies demonstrating efficacy are generally small. Effective relief has been demonstrated in patients who have had a positive response to facet injection. There is documentation in this patient's medical record indicating this patient did not get relief from neurotomy performed on 7/27/12 with pain levels noted to be stable or worse. In addition, the Official Disability Guidelines specify the procedure is not deemed successful without sustained pain relief (6 months). There is clear documented evidence this patient did not achieve pain relief for 6 months. Therefore, the above listed issue is considered NOT medically necessary.

**Cervical radiofrequency neurotomy, right C-4 QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, in reference to Facet joint pain and Neck Chapter, Cervical Diagnostic Blocks, facet joint rhizotomies and MTUS Definitions: Functional Improvement.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 117, 181, 190, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** A cervical radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic neck pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying a facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. According to MTUS guidelines radiofrequency neurotomy is an option for management of neck pain. The evidence is limited with regard to effective relief of cervical facet joint pain. The sample sizes in studies demonstrating efficacy are generally small. Effective relief has been demonstrated in patients who have had a positive response to facet injection. There is documentation in this patient's medical record indicating this patient did not get relief from neurotomy performed on 7/27/12 with pain levels noted to be stable or worse. In addition, the Official Disability Guidelines specify the procedure is not deemed successful without sustained pain relief (6 months). There is clear documented evidence this patient did not achieve pain relief for 6 months. Therefore, the above listed issue is considered NOT medically necessary.

