

<b>Case Number:</b>	CM13-0042665		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 63 year-old male with a date of injury of 04/12/2004. The listed diagnoses per [REDACTED] are: 1) Cervical pain/cervicalgia 2) Myofascial pain syndrome/fibromyalgia 3) Headache 4) Encounter long term RX use According to report dated 09/13/2013, this patient presents with continued neck pain. She reports medications are helping and reports pain at 6/10. Examination reveals tenderness to the cervical facet joints, bilateral paracervical, and trapezius. Range of motion is diminished with pain. MRI of the cervical spine dated 06/28/2010 revealed disc osteophyte complexes indented at multiple levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT CERVICAL RHIZOTOMY C3-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The treator is requesting a repeat cervical Rhizotomy for levels C3-C7. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that

RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion, ODG Guidelines states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." Medical records do not include any operative reports from the prior procedures. The treater is his report from 09/13/2013 states that a request for cervical Rhizotomy is being requested as it has been 8 months and the pain has returned. The 8 months time-frame would put the procedure at around the beginning of 2013. However, a thorough review of progress reports from 01/22/2013 and forward do not document decreased pain level such as VAS or medication intake. Reports dated 01/22/2013, 3/25/2013, 05/20/2013, 07/11/2013 and 09/13/2013 consistently report a pain level of 6 out of 10 with medications. ODG requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. Furthermore, the treater is requesting injections for levels C3-C7. ODG does not allow for more than 2 level injections at a time. The request is not certified.