

<b>Case Number:</b>	CM13-0052029		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 43-year-old female who was injured on October 6, 2008. The patient continues to experience neck pain radiating to her bilateral shoulders. Physical examination showed tenderness to palpation of the cervical spine, bilateral facet tenderness, normal motor strength to the bilateral upper extremities, and decreased sensation. MRI of the cervical spine was done on February 17, 2011 and showed facet degenerative joint disease at C3-4 and degenerative disc protrusion at C5-6 and C6-7. Treatment included physical therapy, acupuncture, chiropractic therapy, and medication. The patient underwent trans-facet epidural steroid injections under fluoroscopy at bilateral C4-5 and C5-6 on June 21, 2013. The patient obtained 70-8-% relief for two days and had 40-50% relief on July 2, 2013. Request for authorization for C4-C6 medial branch facet joint rhizotomy and neurolysis was submitted on July 2, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C4-C6 medial branch facet joint rhizotomy and neurolysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

**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, Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks

**Decision rationale:** Facet joint diagnostic blocks are recommended prior to facet neurotomy, a procedure that is considered under study. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBB. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. There is no documentation the medial branch blocks were performed. The procedure note from June 21, 2013 indicates that trans-facet steroid injections were performed. This is outside the recommended guidelines for radiofrequency neurotomy. The request for medial branch facet joint rhizotomy and neurolysis is not authorized.

**Hot/cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Continuous-flow cryotherapy

**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, Continuous-flow cryotherapy, cold packs

**Decision rationale:** Continuous-flow cryotherapy is not recommended in the neck. There is insufficient testing to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders. Medical efficacy is not established.