

<b>Case Number:</b>	CM13-0072231		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/21/2002
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 65 year old female who was injured on 05/21/2002. The mechanism of injury is unknown. Prior treatment history has included the patient undergoing the following surgical procedures: 03/28/2011 anterior cervical decompression instrumentation and fusion C3-C4, hardware removal C4-C5. On 11/05/2012 C3, C4, C4, C6 and C7 right sided radiofrequency neurotomies. The patient was treated with trigger point injections, TENS unit, physical therapy and prescriptions medications. Progress note dated 08/07/2013 documented the patient has had cervical denervation on the left previously, the last one being in November of 2013 and she reports that she is still getting somewhat good relief with that. She does occasionally have pain that radiates down her left arm as well as numbness and tingling on the left side of her cheek and lips, but overall, she is doing well. She has dull to sharp aching pain with some tingling and burning component. Her pain is 5-6/10 on a pain scale today. Discussion: The patient admits that intermittent narcotics do help to improve her quality of life. She admits that the cervical radiofrequency on the left does help significantly with her neck pain. Progress note dated 01/28/2014 reveals the patient did undergo a right-sided C3, C4, C5, C6 and C7 cervical medial branch radiofrequency neurotomy on 11/05/2012 with greater than 80% relief for approximately 10-11 months. It was an obvious success and it does help resolve her neck pain, the bilateral occipital pain, she feels as well as some of the numbness that she experiences. Her pain is 6/10 on a pain scale today. She has had this for greater than 5 years. Review of systems reveals the patient admits to muscle spasms as well as some muscle weakness in the bilateral cervical region. The patient admits to walking regularly for exercise. The patient admits to neurogenic pain symptoms in the left upper extremity as well as left maxillary nerve distribution. On examination of upper extremities, strength is 4-5 on the left at the deltoids, but 5/5 on the right at deltoids. Reflexes are 2+ bilaterally. Diagnoses: 1. Chronic pain syndrome 2. Cervical

degenerative disc disease 3. Cervical post-laminectomy syndrome 4. Cervical spondylosis 5. Intermittent cervical radiculitis. Discussion: Request authorization for repeat right sided C3, C4, C5, C6 and C7 radiofrequency neurotomies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RADIOFREQUENCY ABLATION C6-7: Overturned**

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

**Decision rationale:** According to ODG criteria for use of cervical facet radiofrequency neurotomy includes a diagnosis of facet joint pain; is dependent on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; and repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at  $\hat{\approx}$  50% relief. Based on the medical documentation provided, the patient had a prior radiofrequency in November 2012 that reportedly provided the patient relief lasting over 9 months (on 08/07/2013, the patient reported she was still getting some relief from the prior procedure). The treating physician noted in the most recent visit that the patient received greater than 80% relief in neck pain and bilateral occipital pain for approximately 10-11 months. Based on the success of the first procedure with long lasting relief of greater than 6 months, the request is medically necessary.