

Case Number:	CM14-0008733		
Date Assigned:	02/12/2014	Date of Injury:	10/17/2012
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Pain Management 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:

This is a patient with a date of injury of 10/17/12. A utilization review determination dated 12/24/13, recommends the non-certification of therapeutic rhizotomy right C4-5, C5-6, and C6-7. A medical report dated 11/20/13, identifies neck pain with pins and needles, intermittent pain into the upper extremities from the elbow to the wrist, increased complaints into the right hand with more numbness and tingling. A medial branch block (MBB) to the right C4-7 dropped the pain from 9/10 to 2/10 for an hour. On exam, there is cervical spine tenderness extending into the bilateral trapezius with spasms, tenderness over the cervical facet joints, positive facet challenge to the right cervical facets, range of motion (ROM) markedly limited, and 5-/5 bilateral wrist flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C4-5 THERAPEUTIC RHIZOTOMY QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, updated 10/09/13; and the ODG Guidelines, Neck Chapter, updated 12/16/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines recommend diagnostic injections prior to the consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one (1) set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, documentation of failed conservative treatment including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs). Appropriate medial branch blocks include: A recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy; No pain medication from home should be taken for at least four (4) hours prior to the diagnostic block and for four to six (4 to 6) hours afterward; Opioids should not be given as a "sedative" during the procedure; The use of intravenous (IV) sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety; and the patient should document pain relief with an instrument such as a visual analog scale (VAS), emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Within the documentation available for review, the patient identified pain relief from 9/10 to 2/10 after the procedure, but the patient's pain is noted to radiate into the hand with numbness and tingling, and this procedure is indicated only for non-radicular pain. Additionally, the documentation does not clearly identify the performance of appropriate medial branch blocks as described above or thorough documentation of pain relief including medication use, activity logs, etc. In light of the above issues, the current request is not medically necessary.

RIGHT C5-6 THERAPEUTIC RHIZOTOMY QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, updated 10/09/13; and the ODG Guidelines, Neck Chapter, updated 12/16/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines recommend diagnostic injections prior to the consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one (1) set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, documentation of failed conservative treatment including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs). Appropriate medial

branch blocks include: A recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy; No pain medication from home should be taken for at least four (4) hours prior to the diagnostic block and for four to six (4 to 6) hours afterward; Opioids should not be given as a "sedative" during the procedure; The use of intravenous (IV) sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety; and the patient should document pain relief with an instrument such as a visual analog scale (VAS), emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Within the documentation available for review, the patient identified pain relief from 9/10 to 2/10 after the procedure, but the patient's pain is noted to radiate into the hand with numbness and tingling, and this procedure is indicated only for non-radicular pain. Additionally, the documentation does not clearly identify the performance of appropriate medial branch blocks as described above or thorough documentation of pain relief including medication use, activity logs, etc. In light of the above issues, the current request is not medically necessary.

RIGHT C6-7 THERAPEUTIC RHIZOTOMY QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, updated 10/09/13; and the ODG Guidelines, Neck Chapter, updated 12/16/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines recommend diagnostic injections prior to the consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one (1) set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, documentation of failed conservative treatment including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs). Appropriate medial branch blocks include: A recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy; No pain medication from home should be taken for at least four (4) hours prior to the diagnostic block and for four to six (4 to 6) hours afterward; Opioids should not be given as a "sedative" during the procedure; The use of intravenous (IV) sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety; and the patient should document pain relief with an instrument such as a visual analog scale (VAS), emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. Within the documentation available for review, the patient identified pain relief from 9/10 to 2/10 after the procedure, but the patient's pain is noted to radiate into the hand

with numbness and tingling, and this procedure is indicated only for non-radicular pain. Additionally, the documentation does not clearly identify the performance of appropriate medial branch blocks as described above or thorough documentation of pain relief including medication use, activity logs, etc. In light of the above issues, the current request is not medically necessary.