

<b>Case Number:</b>	CM14-0101341		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 57 year-old male who reported an injury on 03/13/2008 when the injured worker was pushing and pulling a trailer door into a locking position. The diagnoses included bilateral cervical facet joint pain at C6-C7 and C7-T1, cervical facet joint arthropathy, cervical-post laminectomy syndrome, status post cervical foraminotomies, central disc protrusions, right lateral disc protrusion at C7-T1 with severe right C8 neural foraminal stenosis, moderate to severe right C4-C5 and right C3-C4 neural foraminal stenosis, moderate right C5 neural foraminal stenosis, cervical sprain/strain, status post left shoulder surgery, and left shoulder internal derangement. Past treatments have included pain medications, and cervical radiofrequency nerve ablation/rhizotomy/neurotomy. It was noted on 06/17/2014 that the injured worker reported bilateral lower neck pain radiating into the bilateral shoulders. The physical examination revealed tenderness to palpation of the cervical paraspinal muscles, cervical extension was worse than cervical flexion, cervical discogenic provocative maneuvers were positive, nerve root tension signs were negative bilaterally, muscle stretch reflexes were symmetric bilaterally in the upper extremities, clonus, Babinski's, and Hoffman's signs were absent bilaterally, and muscle strength was 5/5 in the bilateral upper extremities. Medications included celebrex and percocet. The treatment plan was for repeat bilateral C6-C7 and C7-T1 facet joint radiofrequency nerve ablation with moderate sedation to more permanently treat the injured worker's neck pain and based on the previous rhizotomy at C5-C6 and C6-C7 providing 50% relief for 12 months. The request for authorization form was submitted and signed on 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C6 - 7 and C7 - T1 Facet Joint Radiofrequency Nerve Ablation with Moderate Sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**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

**Decision rationale:** The Official Disability Guidelines guideline state repeat neurotomies 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 with at least 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The injured worker has a history of chronic bilateral lower neck pain radiating into the bilateral shoulders. The injured worker has been treated with pain medications and previous cervical radiofrequency nerve ablation/rhizotomy/neurotomy. The injured worker underwent a previous rhizotomy at C5-C6 and C6-C7 on 06/06/2013 which the physician noted to have helped by 50% for 12 months. However, there was no documentation showing significant functional improvement after the procedure. Additionally, clarification is needed regarding the request for radiofrequency ablation at the C6-C7 and C7-T1 levels as the previous procedure was noted to have occurred to the C5-C6 and C6-C7 levels. In the absence of documentation clarifying this discrepancy, and evidence of significant functional improvement after his previous block, the request is not supported. As such, the request is not medically necessary.