

<b>Case Number:</b>	CM14-0137323		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

The patient is a 54 years old female with an injury date on 04/15/2005. Based on the 06/23/2014 progress report provided by [REDACTED], the diagnoses are status post cervical fusion; chronic neck pain; cervical myofascial pain; chronic upper extremity repetitive strain injury; carpal tunnel syndrome; and trigger finger, bilateral upper extremities. According to this report, the patient complains of chronic neck pain that are localize. Physical exam reveals local palpatory tenderness over the cervical facet joints, trapezius and lavatory muscle complex. "The patient had a previous medical branch anesthetic blockade and facet injection. This was performed about a year ago." The patient obtained greater than 70% reduction, the benefit were sustained several months. There were no other significant findings noted on this report. The utilization review denied the request on 07/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/11/2013 to 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Side C4-C5 Medial Branch Rhizotomy Quantity Requested; 1.00: Upheld**

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

**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), Facet injection, RF ablation, cervical and lumbar.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with chronic neck pain that are localize. The provider is requesting a repeat right side C4-C5 medial branch Rhizotomy. Regarding repeats neurotomies, Official Disability Guidelines states "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." Review of progress reports from 03/11/2013 to 06/23/2014, do not document decreased pain level such as VAS, no mentioned of medication reduction and documents of functional improvement. The Official Disability Guidelines requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. Furthermore, the provider is requesting injections for levels C4-C5 plus C5-C6 and C6-C7. The Official Disability Guidelines does not allow for more than 2 level injections at a time. Therefore, this request is not medically necessary.

**Right Side C5-C6 Medial Branch Rhizotomy Quantity Requested: 1.00: Upheld**

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

**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), Lumbar Facet joint signs & symptoms, Facet joint diagnostic blocks.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with chronic neck pain that are localize. The provider is requesting a repeat right side C5-C6 medial branch Rhizotomy. Regarding repeats neurotomies, Official Disability Guidelines states "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." Review of progress reports from 03/11/2013 to 06/23/2014, do not document decreased pain level such as VAS, no mentioned of medication reduction and documents of functional improvement. The Official Disability Guidelines requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. Furthermore, the provider is requesting injections for levels C5-C6 plus C4-C5 and C6-C7. The Official Disability Guidelines does not allow for more than 2 level injections at a time. Therefore, this request is not medically necessary.

**Right Side C6-C7 Medial Branch Rhizotomy Quantity Requested: 1.00: Upheld**

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

**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), Lumbar Facet joint signs & symptoms, Facet joint diagnostic blocks.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with chronic neck pain that are localize. The provider is requesting a repeat right side C6- C7 medial branch Rhizotomy. Regarding repeats neurotomies, the Official Disability Guidelines states "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." Review of progress reports from 03/11/2013 to 06/23/2014, do not document decreased pain level such as VAS, no mentioned of medication reduction and documents of functional improvement. Official Disability Guidelines requires documentation of improved VAS score and decrease in medication to warrant a repeat injection. Furthermore, the provider is requesting injections for levels C6- C7 plus C4-C5 and C5-C6. Official Disability Guidelines does not allow for more than 2 level injections at a time. Therefore, this request is not medically necessary.

**IV Sedation, Right Side Quantity Requested: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), IV sedation.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with chronic neck pain that are localize. The provider is requesting right side IV sedation. Regarding IV sedation, the Official Disability Guidelines states "The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." Review of reports do not show the patient has extreme anxiety and the requested repeat medial branch Rhizotomy was not recommended. The requested IV sedation does not appear medically necessary at this time. Therefore, this request is not medically necessary.