

<b>Case Number:</b>	CM14-0042981		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/13/1995
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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 decision for the request for radiofrequency rhizotomy is not medically necessary. ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus and medial branch block diagnostics. The Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater to or equal 50% relief that is sustained for at least 6 months. Approval of neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The provider did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. Furthermore, there was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. Additionally, the request as submitted did not indicate at what level the injured worker would be receiving the radiofrequency. Given that the medical documentation does not support the need for radiofrequency ablation, the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (X12) cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98..

**Decision rationale:** The request for physical therapy of the cervical spine is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation did not indicate as to how the provider felt physical therapy was going to help the injured worker with functional deficits. Additionally, it is unclear how the injured worker would not benefit from a home exercise program. Furthermore, the request is for 12 sessions of physical therapy, exceeding the recommended guidelines for up to 10 visits initially. Given the above, the injured worker is not within California MTUS recommended guidelines. As such, the request is not medically necessary.

**Consultation For Interventional Pain Management With [REDACTED]: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management referral, Introduction Page(s): 1..

**Decision rationale:** The request for a consultation for pain management is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnoses and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment requested for the injured worker's back had failed to result in improvement in the injured worker's pain complaints or that she required complex pain management for control of her back pain. Based on the submitted documentation reviewed and the medical guidelines, a pain management consultation would not be indicated. As such, the request is not medically necessary.

**Possible Medical Branch Blocks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Block.

**Decision rationale:** The request for possible medial branch blocks is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treatment acute neck or upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if fully successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of diagnostic blocks is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The submitted documentation indicated that the injured worker had neck pain and there was tenderness to palpation of the cervical spine and decreased range of motion. The included documentation lacked evidence of a complete and adequate physical examination of the injured worker's deficits to include a negative Spurling's test, specific tenderness to palpation over a region, or specific motor strength and sensory deficits. Furthermore, the request as submitted did not indicate at what level the injured worker was going to be receiving the possible medial branch blocks. Additionally, there was no indication in the submitted report of the injured worker having trialed and failed conservative treatment. Given the above, the injured worker is not within the ACOEM/California MTUS or Official Disability Guidelines criteria. As such, the request is not medically necessary.

**Radiofrequency Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation official disability guidelines ,facet joint radio frequency neurotomy ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radio Frequency Ablation.

**Decision rationale:** The decision for the request for radiofrequency rhizotomy is not medically necessary. ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus and medial branch block diagnostics. The Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater to or equal 50% relief that is sustained for at least 6 months. Approval of neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The

provider did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. Furthermore, there was a lack of documentation detailing whether the injured worker had a diagnostic block to the facet joints. Additionally, the request as submitted did not indicate at what level the injured worker would be receiving the radiofrequency. Given that the medical documentation does not support the need for radiofrequency ablation, the request is not medically necessary.

**Magnetcitc Resonance Imaging-Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm> indications for imaging -MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. ACOEM Guidelines indicate the criteria for an MRI should include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical exam, electro diagnostic studies, laboratory testing, or bone scans. Given the above, the injured worker is not within the ACOEM recommended guidelines. The submitted documentation did not indicate any emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction. Additionally, the physical examination lacked any definitive neurologic findings. As such, the request for an MRI of the cervical spine is not medically necessary.