

<b>Case Number:</b>	CM14-0049328		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational Medicine, 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 53-year-old male who has submitted a claim for Cervical Radiculopathy, Cervical Degenerative Disc Disease, Cervical Spondylosis, and Chronic Pain associated with an industrial injury date of November 15, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of cervical pain and spasm associated with cervical and right upper extremity pain, paresthesias, and weakness. On physical examination, there was tenderness and spasm. Range of motion was restricted. There was sensory loss following a C6 dermatomal distribution. Cervical spine x-ray dated January 2, 2014 revealed an attempted Arthrodesis at C5-6 and C6-7. Some wads of bone were identified in the interbody space. There are also lucencies around the graft sites. A consolidated Arthrodesis of an osseous nature was not identified at either of these two levels. At the levels above the Arthrodesis site, there was little evidence of extensive arthritis. There was slight deformity of the vertebral body of C3. The disc spaces at C3-4 appeared to be almost physiological. Compression fractures were not seen. There was no evidence of any infection. There was a possible fibrous ankylosis but not likely. Treatment to date has included medications, physical therapy, acupuncture, and anterior cervical fusion at C5 through C7 (March 20, 2012) with removal of cervical plate and screw (April 25, 2012). Utilization review from April 8, 2014 denied the request for Injection: C3, C4, C5 medial branch block because the patient underwent previous anterior cervical discectomy and fusion at C5-6 and C6-7 and there was limited evidence of facet-mediated pain; and Injection: Cervical radiofrequency ablation because physical examination did not reveal significant findings of facet joint pain and because the concurrent request for cervical medial branch block was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection: C3, C4, C5 medial branch block:** 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:** 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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS does not specifically address cervical medial branch blocks. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that criteria for diagnostic medial branch blocks include cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment prior to the procedure for at least 4-6 weeks no more than 2 joint levels are injected in one session, and diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the patient was assessed to have cervical radiculopathy. Furthermore, there was no discussion regarding failure of conservative management. In addition, the planned injection levels for medial branch block include C5. However, the records showed that the patient previously underwent cervical spinal fusion involving C5. The criteria were not met. Therefore, the request for Injection: C3, C4, C5 medial branch block is not medically necessary.

**Injection: Cervical radiofrequency ablation:** 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 rationale:** According to page 173 of the ACOEM Practice Guidelines referenced by CA MTUS, there is limited evidence that radiofrequency (RFA) Neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections and caution is needed due to the scarcity of high-quality studies. In this case, the records did not reveal evidence of cervical facet joint pain. Furthermore, no previous facet injections have been performed. A clear rationale was also not provided for the requested procedure. There is no clear indication for radiofrequency ablation. Therefore, the request for Injection: Cervical radiofrequency ablation is not medically necessary.