

<b>Case Number:</b>	CM14-0059858		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on April 5, 2013 as a result of tripping over a call light cord and falling in a patient's room. When she fell, she hit her head on the bed. She hit her right knee on the floor. She broke her fall with her left arm causing pain in her left shoulder, back, right upper arm and both knees. She has been diagnosed with cervical spondylosis. According to operative report of February 11, 2014 she received medial branch blocks on the left at C4, C5, and C6 to rule out facet mediated pain. She received monitored anesthesia care for patient comfort and to prevent movement. According to a follow-up note on June 12, 2014, the sedatives included medazepam and propofol. 0.25 mL of 0.5% bupivacaine was injected through each needle tip at the articular pillars at C4, C5 and C6. She had taken her pain medications early that morning according to a follow up note on April 22, 2014. The time of the procedure is not mentioned in the operative report or follow-up reports. At a follow up visit on March 25, 2014, it was reported that she had 4-6 hours of 70% pain relief in her left neck. She complained that oxymorphone was not working well enough to control her pain. Radiofrequency ablation was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Radiofrequency Ablation Left C4-C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter , Facet joint diagnostic blocks section.

**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) Section: Neck and Upper Back, Topic: Procedures- Facet Joint Diagnostic Blocks.

**Decision rationale:** According to the Occupational Medicine Practice Guidelines "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 guidelines also state that "there is good-quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain". The Official Disability Guidelines list several criteria for the use of diagnostic blocks for facet nerve pain. One of these criteria is a response of greater than or equal to 70%. The follow-up note of March 25, 2014 stated that there was a 70% relief but the follow-up note of June 12, 2014 stated that there was a 40% improvement in pain following the procedure. Another criterion is that "no pain medication from home should be taken for at least 4 hours prior to the diagnostic block". The worker did have pain medication early that morning and the time of the block is not known. "The use of IV sedation may be grounds to negate the results of the diagnostic block and should only be given in cases of extreme anxiety". The operative note on February 11, 2014 states that anesthesia was given "for patient comfort and to prevent movement". The follow-up note on April 22, 2014 states that the patient was unable to remain in position and so was sedated but it was not until a follow-up note of June 12, 2014 that it was mentioned that the patient had required sedation with medazepam and propofol for anxiety. However the operative note and follow-up notes previous to this date did not support extreme anxiety as a reason for the use of sedation. Although several of the criteria for the use of diagnostic blocks for facet nerve pain were met, the criteria discussed above were not sufficiently met or documented to confirm medical necessity.