

<b>Case Number:</b>	CM14-0077708		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 & 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 injured worker is a 64-year-old female who reported an injury on 04/27/2012 while walking across a room reading some papers and not looking where she was going, she inadvertently tripped over a beanbag chair, falling forward and having a direct blow type injury to her bilateral knees. The injured worker had a history of lower back pain with a diagnosis of cervical sprain/strain, cervical spondylosis, cervical facet arthropathy and bilateral knee contusions. The MRI dated 05/01/2014 revealed congenital C2-3 fusion, degenerative disc disease at the C5-6 and C6-7, degenerative joint disease in the facets at the C3-4 and C4-5 with posterior disc osteophyte complexes at the C5-6 and C6-7 and moderate stenosis at the T4-5. The past treatments included brace, cane, x-rays, and injections at the knee sites bilaterally. The objective findings dated 06/20/2014 of the cervical spine revealed paraspinal palpations at the base of the cranium to the T1 without areas of tenderness or spasms bilaterally, forward flexion was 60 degrees, flexion was 20 degrees, and lateral rotation was 80 degrees. The Spurling's and Adson's tests were negative bilaterally. The sensory exam of the C5-C8 nerve distributions were normal and intact. The motor strength was 5/5 bilaterally. The medications include Ibuprofen 800 mg and Lidoderm patch. The injured worker reported her pain a 6/10 to the cervical region using the VAS. The treatment plan include pool exercises, physical therapy x 2, Nortriptyline and Gabapentin 300 mg to medication regimen, hold her gym membership, physical therapy 6 sessions 2 times a week for 3 weeks, rest, and ice as needed. The request for authorization dated 04/16/2014 was submitted with the documentation. The rationale for the cervical medial branch blocks was to get the injured worker stable for physical therapy. The rationale for the physical therapy was not provided. The rationale for the TENS unit was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left cervical medial branch blocks at C3, C4 and C5 with 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint radiofrequency neurotomy.

**Decision rationale:** The California/ MTUS Guidelines indicate that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n = 24, 28). Caution is needed due to the scarcity of high-quality studies. The Official Disability Guidelines indicate that Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The criteria includes treatment require a diagnosis of facet joint pain. The approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Per the clinical notes the physical examination did not provide enough information for reviewer to get a clear picture of objective findings. The guidelines indicate that there is limited evidence of effectiveness. As such, the request for Outpatient right cervical medial branch blocks at C3, C4 and C5 with radiofrequency ablation is not medically necessary.

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observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The criteria includes treatment require a diagnosis of facet joint pain. The approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Per the clinical notes the physical examination did not provide enough information for reviewer to get a clear picture of objective findings. The guidelines indicate that there is limited evidence of effectiveness. As such, the request for Outpatient left cervical medial branch blocks at C3, C4 and C5 with radiofrequency ablation is not medically necessary.

**30 day trial of TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** The California/ MTUS guidelines do not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Transcutaneous electrical nerve stimulation units are recommended for types of pain: neuropathic pain and CRPS II diabetic neuropathy, post-herpetic neuralgia. There is spasticity in spinal cord injury and multiple sclerosis. Per the clinical notes provided the injured worker was not participating in a program. The injured worker does not meet the medical criteria per her diagnosis. As such, the request for a 30 day trial of TENS unit is not medically necessary.

**Outpatient physical therapy times two sessions for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The California MTUS indicates that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had her injury in 2012. The injured worker had physical therapy in the early stages of her injury, no physical therapy notes submitted for review. Per physical examination was vague in the objective findings. Per the clinical notes the injured worker was to be doing home exercises. As such, the request for Outpatient Physical Therapy, two sessions for the cervical spine is not medically necessary.

