

Case Number:	CM14-0126577		
Date Assigned:	09/05/2014	Date of Injury:	02/02/2013
Decision Date:	07/10/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old male who sustained an industrial injury on 02/02/2013. Treatment provided to date has included: acupuncture, physical therapy, chiropractic therapy, medications, cervical spine injections, lumbar spine rhizotomy, shock wave therapy, and conservative care. Diagnostic tests performed include: MRI of the right elbow (04/28/2014), electrodiagnostic and nerve conduction testing (10/28/2013), MRI of the left hand (08/28/2013), MRI of the lumbar and thoracic spines (08/08/2013), and MRI of the cervical spine (05/08/2013) showing straightening of the cervical lordosis, multilevel disc desiccation, multilevel disc herniation resulting in multilevel spinal stenosis. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 07/02/2014, physician progress report stated that the injured worker presented for follow-up reporting that his pain was significantly improved after undergoing the cervical medial branch blocks on 06/26/2014. Pain is rated as 3 (0-10). The injured worker reported being able to go a week without medications. The injured worker had undergone a lumbar rhizotomy on 04/17/2014 resulting in a 40-50% reduction in low back pain, and cervical medial branch blocks (06/26/2014) resulting in a 100% reduction in neck pain for 12 hours with a continued response of 80% reduction in neck pain. The physical exam revealed decreased range of motion in the cervical spine, clean and dry injection site, decreased range of motion in the lumbar spine, tenderness to palpation in the lumbar spine, positive facet challenge in the bilateral L4-S1 levels, and decreased sensation in the C7 and C8 dermatomes on the left. The provider noted diagnoses of herniated nucleus pulposus, grade I anterior listhesis, bilateral L5 spondylosis, herniated nucleus pulposus of the thoracic spine, herniated nucleus pulposus of the lumbar spine, and left shoulder arthralgia. Due to increasing

pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a left-sided C4-C5 and C5-C6 cervical rhizotomy. The injured worker's work status .Requested treatments include a left-sided C4-C5 and C5-C6 cervical rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left C4-C5 and C5-C6 cervical rhizotomy: Upheld

Claims Administrator 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 -Neck and Upper Back (Acute & Chronic) Criteria for use of cervical facet radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Facet Joint Radiofrequency Neurotomy.

Decision rationale: MTUS guidelines do not address the use of cervical rhizotomy Per ODG, Facet Joint Radiofrequency Neurotomy (cervical rhizotomy) is under study. 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 procedure is not recommended to treat cervicogenic headaches. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. The clinician must be aware of the risk of developing a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures. Factors associated with failed treatment include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. Criteria for use of cervical facet radiofrequency neurotomy include: 1. Treatment requires a diagnosis of facet joint pain; 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; 3. No more than two joint levels are to be performed at one time; 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks; 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy; 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Cervical rhizotomy is indicated in this case as the injured worker has had a previous cervical facet medical branch block with a reported 80% reduction in pain and increase in function as well as cessation of opioid treatment. However, there was a prior certification on review 1092321 dated 7/24/14 for left C4-C5 and C5-C6 cervical rhizotomy. This appears to be a duplicate request, or a request for a repeat procedure that medical necessity has not been established for. The request for 1 Left C4-C5 and C5-C6 cervical rhizotomy is determined to not be medically necessary.