

<b>Case Number:</b>	CM14-0164751		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/01/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Spine Surgeon 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 61-year-old male who reported an injury on 07/10/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar spine radiculopathy, post-traumatic headache, hypertension, cervical radiculopathy. Previous treatments included medication. Diagnostic testing included an EMG/NCV. Surgical history included right shoulder surgery, carpal tunnel surgery. Within the clinical note dated 12/10/2014, it was reported the injured worker complained of cervical spine and lumbar spine pain with radiation to both arms and legs. He rated his pain 10/10 in severity without medication and with medication 6/10 in severity. On physical examination, the provider indicated the injured worker had decreased range of motion and spasms of the cervical spine. The injured worker had decreased range of motion and a positive straight leg raise in the lumbar spine. Strength noted to be 5/5 in the upper extremities. A request was submitted for a Left C2-3 and C3-4 Facet Radio Frequency Neurotomy, and Ativan. The request for authorization was submitted and dated 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C2-3 and C3-4 Facet Radio Frequency Neurotomy.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck and Upper Back, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for a Left C2-3 and C3-4 Facet Radio Frequency Neurotomy is not medically necessary. The California MTUS/ ACOEM Guidelines state facet injections lacked research based evidence of the efficacy of the injection. In addition, the Official Disability Guidelines state facet joint radio frequency Neurotomies require diagnosis of facet joint pain, no more than 2 joint levels are to be performed at one time. Different regions require neural blockade and should be performed at intervals no sooner than 1 week, preferably 2 weeks. Approval depends on variables such as evidence of adequate diagnostic blocks documented improvement in VAS, documented improvement in function. No facet joint radio frequency Neurotomies in the cervical spine are under study. The clinical documentation submitted lacks significant objective and subjective findings of facet joint pain to include axial neck pain and tenderness to palpation. The number of sessions was not submitted in the request. Therefore, the request is not medically necessary.

**Ativan 0.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Ativan 0.5 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend Ativan for long-term use due to the long-term efficacy being unproven and there is risk dependence. The guidelines note Ativan has a limited use of up to 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines' recommendation of short-term use of 4 weeks. Therefore, the request is not medically necessary.