

<b>Case Number:</b>	CM14-0207046		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/19/1996
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 45-year-old female who reported an injury on 05/19/1996. The mechanism of injury was the injured worker was standing on a step ladder and experienced pain secondary to turning her neck. The prior treatments included medications, physical therapy, surgery, myofascial release, aquatic therapy, a home exercise program, epidural steroid injections, Botox injections, stellate ganglion blocks, an intrathecal pain pump, cervical medial branch blocks, and cervical radiofrequency neurotomies. The injured worker underwent a radiofrequency neurolysis of C3, C4, C5, and C6 on 05/18/2005; a radiofrequency neurolysis of the medial branch nerves at C2, C3, C4, C5, and C6 bilaterally on 11/09/2008; and a radiofrequency neurotomy of the medial branch nerves bilaterally at C3, 4, C5, and C6 on 03/04/2011. The progress note dated 10/08/2014 revealed the injured worker had a current pain level of 7 for greater than 12 months. The injured worker reported weakness, numbness, and frequent or severe headaches, but no loss of consciousness, no seizures, and no dizziness. The injured worker's head was tilted forward and there was a slight straightening of the cervical lordosis. The injured worker had tenderness of the trapezius, levator scapula, and paraspinal muscles bilaterally, the lower facets and occipital protuberance bilaterally. The injured worker had decreased range of motion of the cervical spine. The deep tendon reflexes of the upper extremities were 2/4 in the biceps, brachioradialis, and triceps bilaterally. Sensation was intact bilaterally. The diagnoses included neck pain, cervical postlaminectomy syndrome, and cervical facet joint pain. The request was made for a bilateral TON C3, C4 radiofrequency ablation above the fusion related to facet pain secondary to degenerative disc disease and

postlaminectomy syndrome. The discussion included the injured worker had a radiofrequency ablation at C3, C4, C4, and C6 that provided more than 75% relief of neck pain for a year. The injured worker increased her activity in an effort to find new employment and live a more fulfilling life. The injured worker had significant pain on palpation, pain with oblique extension bilaterally, headaches, and radiation into both shoulders and arms, right greater than left. The physician further indicated the injured worker had an MRI of the cervical spine dated 06/24/2003, which revealed degenerative disc disease at C7-T1, C3-4, and C2-3. The injured worker had a fusion at C5-6, C6-7, and C4-5. The physician further documented the injured worker had a successful radiofrequency ablation in the past with greater than 75% reduction of neck and arm pain. The injured worker's medications were noted to include Colace 100 mg, Cymbalta 60 mg, hydromorphone 4 mg tablets, morphine in the intrathecal pump, tizanidine 4 mg tablets, and Topamax 25 mg tablets. There was a Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical radiofrequency:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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) Neck & Upper Back Chapter, Facet Joint Radiofrequency Neurotomy.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomies may be effective in relieving or reducing facet joint pain among patients who had a positive response to facet injections. They do not however address the criteria for the performance of radiofrequency neurotomies. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that facet joint radiofrequency neurotomies are under study. No more than two joint levels are to be performed at one time. Repeat neurotomies may be required and should not occur at an interval of less than 6 months from the first procedure. The duration of pain relief 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). There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The clinical documentation submitted for review indicated the requested radiofrequency ablation was at C3 and C4. There were objective findings upon physical examination; however, there was a lack of documentation of a formal plan of rehabilitation in addition to the facet joint therapy. The request as submitted failed to include the levels and laterality for the request. Given the above, the request for cervical radiofrequency is not medically necessary.