

<b>Case Number:</b>	CM15-0007805		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/01/1996
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male with an industrial injury dated 03/01/1996 resulting in neck and low back pain. He presents for follow up on 11/10/2014 with complaints of increasing left side neck pain and headaches. Physical exam revealed left mid cervical facet tenderness at cervical 3-4, Cervical 4-5 and cervical 5-6. Facet loading to the cervical spine and Spurling maneuver causes pain in the facet region. Range of motion is decreased, lateral rotation to 60 degrees, lateral flexion to 45 degrees and lateral extension to 20 degrees. Prior treatments include cervical facet medial branch nerve blocks with 80% relief of pain. In the report dated 04/2014 there is notation of a cervical spine showing multi-level disc desiccation, facet and uncovertebral arthropathy. There is severe stenosis centrally especially at cervical 4-5 and cervical 5-6. There is multilevel foraminal stenosis at cervical 3-4 to cervical 6-7 with diffuse facet and uncovertebral joint arthropathy. Diagnoses were cervical stenosis, left cervical facet joint syndrome, lumbar 4-5 degenerative spondylolisthesis and possible left lumbar radiculopathy. On 12/23/2014 Utilization review denied the request for left facet rhizotomy at cervical 3 - cervical 4. Official Disability Guidelines (ODG) was cited. "MTUS does not address facet injections." The request for transportation to and from facility on procedure request was also non-certified. "The California MTUS/ACOEM and ODG do not address." The California Code of Regulations, Title 22 was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Facet Rhizotomy at C3-C4 quantity 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy

**Decision rationale:** According to MTUS guidelines, Under study. Facet joint radiofrequency neurotomy “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. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. (Lord, 1996) A similar duration of pain relief (219 days) was found in a prospective non-randomized trial. Complete pain relief was obtained by 71% of patients (for a "clinically satisfying period"). (McDonald, 1999) A recent retrospective review was conducted on patients with diagnosed cervical facet syndrome (via controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection. The mean duration of relief was less at the C2-3 joint than at other levels, and was also less for patients on compensation (non-significant difference). Pain was not measured with a formal pain rating instrument. (Barnsley, 2005) (ConlinII, 2005) The procedure is not recommended to treat cervicogenic headaches (See Facet Joint radiofrequency neurotomy, Cervicogenic Headaches). This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Complications: Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. (Boswell, 2005) The clinician must be aware of the risk of developing a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures. (Washington, 2005) (Haldeman, 2008) (van Eerd, 2010) (Caragee, 2009) (Kirpalani, 2008) (Manchikanti, 2008) Factors associated with failed treatment: These include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. See also Cervicogenic headache, facet joint neurotomy. See the Low Back Chapter for further references. Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 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 (See Facet joint diagnostic blocks). 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.” There is no clear evidence that the cervical facets are the main pain generator. There is no clear evidence of recent positive diagnostic block. There is no evidence of rehabilitation program in addition to facet joint therapy. Therefore the request for Left Facet Rhizotomy at C3-C4 quantity 1.00 is not medically necessary.

**Transportation to and from facility on procedure date quantity 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy

**Decision rationale:** Because Left Facet Rhizotomy at C3-C4 quantity 1.00 was not approved, the request for Transportation to and from facility on procedure date quantity 1.00 is not medically necessary.