

<b>Case Number:</b>	CM15-0106936		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30-year-old male, who sustained an industrial injury on 9/11/2014. He reported being in a motor vehicle accident. Diagnoses have included post concussion syndrome, cervical radiculopathy, headache, cervicgia, neuralgic migraine and insomnia. Treatment to date has included cervical epidural steroid injection, physical therapy, acupuncture and medication. According to the progress report dated 5/13/2015, the injured worker complained of moderate neck pain. Location of pain was the bilateral head, bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, bilateral shoulders and left arm. There was radiation of pain to the left upper extremity, low back, buttocks and left leg. Pain was rated as 9/10 with and without medications. Exam of the cervical spine revealed tenderness and moderate pain with motion. Exam of the lumbar spine revealed tenderness and moderate pain with motion. Exam of the shoulders revealed tenderness. The injured worker had a cervical medial branch nerve block on 3/25/2015, which resulted in no pain for about three hours. Authorization was requested for radiofrequency cervical medial branch block right C2, C3 and Third Occipital Nerve (TON) with intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Cervical Medial Branch Nerve Block Right C2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 5th Edition, 2007, Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

**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 Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, it appears the patient has cervical radicular complaints, and epidural injections have recently been requested. Guidelines do not support the use of medial branch blocks and radiofrequency ablation in patients with active untreated radiculopathy. As such, the currently requested radiofrequency ablation is not medically necessary.

### **Radiofrequency Cervical Medial Branch Nerve Block Right C3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition 2007 or current year, Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

**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 Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, it appears the patient has cervical radicular complaints, and

epidural injections have recently been requested. Guidelines do not support the use of medial branch blocks and radiofrequency ablation in patients with active untreated radiculopathy. As such, the currently requested radiofrequency ablation is not medically necessary.

**Radiofrequency Cervical Medial Branch Nerve Block Right third Occipital Nerve (TON):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year, Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

**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 Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**Decision rationale:** Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, it appears the patient has cervical radicular complaints, and epidural injections have recently been requested. Guidelines do not support the use of medial branch blocks and radiofrequency ablation in patients with active untreated radiculopathy. As such, the currently requested radiofrequency ablation is not medically necessary.

**IV Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year, Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks.

**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 Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**Decision rationale:** Regarding the request for iv sedation for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain

among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, it appears the patient has cervical radicular complaints, and epidural injections have recently been requested. Guidelines do not support the use of medial branch blocks and radiofrequency ablation in patients with active untreated radiculopathy. As such, the currently requested IV sedation for radiofrequency ablation is not medically necessary.