

<b>Case Number:</b>	CM15-0137601		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 47 year old male who sustained an industrial injury on 4/30/07 when he was struck in the head and left shoulder while in a seated position by product that rolled off of a delivery truck. The injured worker reported possible loss of consciousness. He was medically evaluated, x-rayed and a computed tomography was done and was negative. He then had physical occupational and cognitive therapy. He complains of persistent numbness of both upper extremities with forward flexion of the arms. Medications were Motrin, Prilosec, Ultram. Diagnoses include status post blunt trauma/ head injury (4/20/07); cervical periscapular Myofascial pain/ trigger points/ suboccipital neuralgia; cervical degenerative disc disease without radiculopathy; cervical radiculitis. Treatments to date include electromyography (2008); cervical injections; physical therapy to the neck and shoulder (2012, 2013); rhizotomy surgery (9/11/13) with benefit in relieving neck pain; repeat multiple rhizotomy procedures with partial relief of pain (per 6/11/15 note). Diagnostics include MRI of the cervical spine (no date) was negative. On 6/11/15, the treating provider's plan of care included a request for evaluation and rhizotomy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Evaluation and Rhizotomy procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Facet joint diagnostic blocks.

**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 Section.

**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. In this case, there is no current facet pain or other facet symptoms, therefore, the request for referral for evaluation and rhizotomy procedure is determined to not be medically necessary.