

<b>Case Number:</b>	CM15-0148385		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 1-12-2001. He reported injury to the neck and low back from a motor vehicle accident. Diagnoses include cervical disc degeneration, stenosis, facet arthropathy, status post cervical fusion in 2004, lumbar disc protrusion, spondylosis, stenosis, status post lumbar fusion in 2011, and right cubital tunnel syndrome. Treatments to date include medication therapy and cervical facet injections noted to provide relief of 50% from pain. Currently, he complained of increased neck pain and ongoing low back pain with radiation into the hands and feet associated with numbness and tingling. On 7-10-15, the physical examination documented cervical tenderness and positive compression tests of the cervical facet joints. The plan of care included a request to authorize cervical facet rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical facet rhizotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Facet joint radiofrequency neurotomy (06/25/15).

**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 and pg 27.

**Decision rationale:** According to the guidelines: "Criteria for use of cervical facet radiofrequency neurotomy/ rhizotomy: 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." In this case the claimant did respond to prior facet injections and there is no evidence of radiculopathy. However, there is no plan for formal rehabilitation after the procedure. Pain scores were not recently noted. The request for the facet rhizotomy is not medically necessary.