

<b>Case Number:</b>	CM15-0149867		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury to the neck on 2-9-09. Magnetic resonance imaging cervical spine (4-8-15) showed bilateral uncovertebral hypertrophy with facet hypertrophy at C3-4, C5-6 and C6-7 with disc bulges. Previous treatment included cryoablation, magnetic resonance therapy, cervical facet blocks and medications. In the most recent documentation submitted for review, a progress note dated 5-13-15, the injured worker complained of cervical pain with headaches. The injured worker reported that he had increased pain for a few weeks following cervical facet block but now had reduction in overall pain down to a 4 out 10. Physical exam was remarkable for cervical spine with guarded and stiff movements and limited range of motion. Current diagnoses included depression, headaches, migraines, mononeuritis, cervical spine degeneration of intervertebral disc and cervicgia. The physician noted that the injured worker had minimal benefit from greater occipital nerve block. The treatment plan included continuing current medications. On 7-14-15, a request for authorization was submitted for repeat cervical facet denervation at bilateral C2-3 and C3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical facet denervation at bilateral C2-C3 and C3-C4: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back chapter under Facet joint radiofrequency neurotomy.

**Decision rationale:** The 48 year old patient complains of chronic pain in the cervical spine along with headaches, as per progress report dated 05/13/15. The request is for Repeat cervical facet denervation at bilateral C2-C3 and C3-C4. There is no RFA for this case, and the patient's date of injury is 02/09/09. Diagnoses, as per progress report dated 05/13/15, included cervicalgia, degeneration of cervical intervertebral disc, mononeuritis of unspecified site, variants of migraine, other headache syndromes, and depressive disorder. MRI of the cervical spine, dated 04/03/15, included bilateral facet hypertrophy at C3-4, C5-6 and C6-7 along with mild dural compression and mild to moderate neural foraminal stenosis. The progress reports do not document the patient's work status. ODG, Neck & Upper Back chapter under Facet joint radiofrequency neurotomy states: Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient is status post radiofrequency thermal ablation of bilateral C2 and C3 medial branch nerve blocks under fluoroscopy, as per operative report dated 04/15/15. The Utilization Review denial letter states that facet denervation was performed a year ago. The request for a cervical facet denervation along with an occipital nerve block is noted in progress report dated 03/04/15. While subsequent progress report dated 05/13/15 documents the efficacy of the occipital block, it does not mention anything about cervical facet denervation. None of the progress reports discuss the request for a repeat procedure. ODG allows for repeat neurotomies only with the documentation of at least "12 weeks at 50% relief" from prior ablations. Given the lack of relevant documentation, the request is not medically necessary.