

<b>Case Number:</b>	CM15-0162212		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/30/1977
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina  
 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 62 year old female who sustained an industrial injury on 11-30-77. Her initial complaints and the nature of her injury are unavailable for review. The pain management report, dated 2-26-15, indicates that the injured worker has diagnoses of a history of chronic left upper neck pain and suboccipital headaches, history of left C2-C3 and C3-C4 facet arthropathy; previous positive response to radiofrequency neurotomy, recurrence of left lower lumbar axial low back pain due to facet arthropathy; previous excellent response to radiofrequency neurotomy of the left lower lumbar facet joints, and lumbar degenerative disc disease; left lower extremity radicular pain with intermittent numbness and weakness. The treatment recommendations note that a recent request for extension for an authorization to repeat the radiofrequency neurotomy for the left upper neck facet joints was denied. The authorization was granted. However, the record states "it was missed" by the injured worker and the office staff and, therefore, lapsed. A repeat request of the left lower lumbar radiofrequency neurotomy was requested, stating "it is now indicated". On 6-25-15, she returned to the pain management office. She underwent the radiofrequency neurotomy for the left lower lumbar spine facet joints on 5-22-15 with "excellent results". She privately paid for physical therapy for muscle spasms following the procedure. An authorization request for radiofrequency neurotomy was made for the cervical spine due to her "known left-sided suboccipital headaches that have previously responded extremely well to the diagnostic facet injections and also to radiofrequency neurotomy".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 radiofrequency neurotomy of cervical spine, c2-3, c3-4 facet: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) radiofrequency neurotomy, cervical neck.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM but good support for the cervical neck. Therefore the request is medically necessary.