

<b>Case Number:</b>	CM15-0163150		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 9-12-2014. Medical records indicate the worker is undergoing treatment for cervical neural foraminal narrowing, cervical facet arthropathy and cervicgia. A recent progress report dated 7-16-2015, reported the injured worker complained of right sided neck pain, rated 4 out of 10-with repetitive computer work pain causing increased pain. Physical examination revealed right lower cervical facet loading pain with range of motion: 30 degrees flexion and extension, 30 degrees bilateral bending and 60 degrees right and left rotation. Cervical magnetic resonance imaging showed 2mm annulus bulge at cervical 5-6, cervical 6-7 disc desiccation with moderated right foraminal stenosis and minimal cervical canal stenosis. Treatment to date has included 6 sessions of physical therapy, carpal tunnel release, 8 sessions of chiropractic care, 6 acupuncture visits, cervical medial branch block, Tramadol-discontinued, Flexeril-discontinued, Tylenol with codeine-discontinued and Ultracet-discontinued. Current medications include Norco, Naproxen and Nexium or Prilosec. The physician is requesting Invasive procedure Rhizotomy right cervical 5-7, follow up visit on 4 weeks and 8 acupuncture visits for the neck. On 8-3-2015, the Utilization Review noncertified Invasive procedure Rhizotomy right cervical 5-7, follow up visit on 4 weeks and 8 acupuncture visits for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Invasive procedure Rhizotomy right C5-C6 and C6-C7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** The patient presents with RIGHT sided neck pain. The request is for Invasive Procedure Rhizotomy Right C5-C6 AND C6-C7. The request for authorization is dated 07/16/15. Physical examination of the reveals pain with RIGHT-sided facet loading of the cervical spine. He has palpation tenderness in his right lower cervical facet regions. Upper extremity sensation intact. Negative Hoffmann's test bilaterally, Babinski, and clonus. Patient's treatment includes 6 sessions physical therapy with good relief for muscles in neck and shoulder region, and 8 sessions of chiropractic treatment with good relief. Patient's medications include Norco, Naproxen, Nexium, and Prilosec. Per progress report dated 07/16/15, the patient is permanent and stationary. ODG-TWC Guidelines, Neck and Upper back (Acute & Chronic) Chapter, under Facet joint radiofrequency neurotomy Section states: "Criteria for use of cervical facet radiofrequency neurotomy: 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. Per progress report dated 07/16/15, treater's reason for the request is "due to the significant benefit he had with the medial branch block injections and in an attempt to help decrease his pain and increase his activity level at work." The patient presents with non-radicular neck pain. In this case, the patient is status post diagnostic medial branch block Right C5-C6 and C6-C7 on 06/05/15. He says his pain went from a 5/10 to a 0/10 following the injection and he continued to have pain relief for about 1-2 days. Given the documentation of successful medial branch block injection, as required by the ODG, the request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

**Follow up visit in 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Office visits.

**Decision rationale:** The patient presents with Right sided neck pain. The request is for Follow Up Visit In 4 Weeks. The request for authorization is dated 07/16/15. Physical examination of the reveals pain with Right-sided facet loading of the cervical spine. He has palpation tenderness in his right lower cervical facet regions. Upper extremity sensation intact. Negative Hoffmann's test bilaterally, Babinski, and clonus. Patient's treatment includes 6 sessions physical therapy with good relief for muscles in neck and shoulder region, and 8 sessions of chiropractic treatment with good relief. Patient's medications include Norco, Naproxen, Nexium, and Prilosec. Per progress report dated 07/16/15, the patient is permanent and stationary. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per progress report dated 07/16/15, treater's reason for the request is "for reevaluation and further discussion at that time." In this case, it appears the treater is requesting a Follow Up Visit subsequent to the rhizotomy procedure. ODG guidelines recommend office visits with the treating physician to review patient concerns, signs and symptoms. Therefore, the request is medically necessary.

**8 visits of acupuncture for the neck:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with Right sided neck pain. The request is for 8Visits Of Acupuncture For The Neck. The request for authorization is dated 07/16/15. Physical examination of the reveals pain with Right-sided facet loading of the cervical spine. He has palpation tenderness in his right lower cervical facet regions. Upper extremity sensation intact. Negative Hoffmann's test bilaterally, Babinski, and clonus. Patient's treatment includes 6 session's physical therapy with good relief for muscles in neck and shoulder region, and 8 sessions of chiropractic treatment with good relief. Patient's medications include Norco, Naproxen, Nexium, and Prilosec. Per progress report dated 07/16/15, the patient is permanent and stationary.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)."Per progress report dated 07/16/15, treater's reason for the request is "due to the benefit he had with previous acupuncture and in an attempt to further help decrease his pain and increase his activity level." MTUS supports additional treatments of Acupuncture if functional improvement is documented. In this case, patient had 6 visits of Acupuncture that helped decrease his pain, increased his activity level, improved his sleep by about 1-2 hours, decreased his spasms, and allowed him to increase his ability to work including improved ability to look at the computer monitor longer. Given the patient's condition and documentation of functional improvement, additional visits of Acupuncture appear reasonable and in accordance with guidelines. Therefore, the request is medically necessary.