

Case Number:	CM15-0163773		
Date Assigned:	09/01/2015	Date of Injury:	01/20/2012
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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 59-year-old female with an industrial injury dated 01-20-2012. Her diagnoses included cervical pain-cervicalgia and shoulder joint pain. Prior treatment included medications and cervical medial branch blocks. She presented on 07-22-2015 with neck and lower back pain. She had cervical and lumbar medial branch blocks, which she felt, helped more than 80% for a few days. She also complained of shoulder pain in both shoulders. The pain was rated as 5 out of 10 with medication and 8 out of 10 without medication. Physical exam noted decreased range of motion of the cervical spine. There was tenderness of the subacromial space of bilateral shoulders. Lumbar spine exam noted tenderness at facet joint with decreased flexion, decreased extension and decreased lateral bending. The treatment request is for: Right side cervical rhizotomy Qty: 1; Bilateral lumbar rhizotomy Qty: 2;

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side cervical rhizotomy Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The current request is for Right side cervical rhizotomy Qty: 1. The RFA is dated 07/30/15. Prior treatment included medications, and cervical and lumbar medial branch blocks. The patient is working. ODG Neck and Upper back chapter, under Facet joint radiofrequency neurotomy states: "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." 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. Per report 07/22/15, the patient presents with chronic neck and low back pain. Examination of the cervical spine revealed decrease ROM. Examination of the lumbar spine revealed tenderness at the lumbar facet joints and decreased ROM. The treater states that the patient underwent a cervical medial branch block on 07/07/15 and lumbar medial branch block on 07/14/15, which helped more than 80% for a few days. The treater would like to progress to a cervical and lumbar radiofrequency due to the positive confirmatory medical branch blocks. Review of the operative report indicates that confirmatory blocks were done in the c-spine at "C3, 4, 5, 6." ODG states that no more than 2 levels are to be injected at one time. The request IS NOT medically necessary.

Bilateral lumbar rhizotomy Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The current request is for Bilateral lumbar rhizotomy Qty: 2. The RFA is dated 07/30/15. Prior treatment included medications, and cervical and lumbar medial branch blocks. The patient is working. ODG, Low 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. 5: No more than two joint levels are to be performed at one time. Per report 07/22/15, the patient presents with chronic neck and low back pain. Examination of the cervical spine revealed decrease ROM. Examination of the lumbar spine revealed tenderness at the lumbar facet joints and decreased ROM. The treater states that the patient underwent a cervical medial branch block on 07/07/15 and lumbar medial branch block on

07/14/15, which helped more than 80% for a few days. The treater would like to progress to a cervical and lumbar radiofrequency due to the positive confirmatory medial branch blocks. Review of the operative report indicates that the procedure was for "medial branch blocks lumbar spine L3-4, 4-5 5-1 bilaterally." ODG specifically states that no more than two joint levels are to be performed at one time. Furthermore, the current request is for "Qty: 2" injections, and while ODG supports report neurotomies, it states that they "should not occur at an interval of less than 6 months from the first procedure" with documentation of at least 12 weeks with 50% relief of pain. The request IS NOT medically.