

<b>Case Number:</b>	CM15-0180681		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 54 year old male, who sustained an industrial injury on 06-08-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for brachial radiculitis, cervical post-laminectomy syndrome, cervical radiculopathy, myositis, chronic neck pain, cervical spine stenosis, headaches, degeneration of the cervical spine, psychalgia, carpal tunnel syndrome, cervical spondylosis without myelopathy, back problems, chronic pain, spasms, myalgia, lumbar arthropathy, and cubital tunnel syndrome. Medical records (03-13-2015 to 08-25-2015) indicate ongoing neck, upper back and bilateral arm pain, headaches, and severe dysphagia. Pain levels were 7-9 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Records also indicate decreased function and activity levels. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-25-2015, revealed no objective abnormalities. This was unchanged from previous exam dated 06-30-2015. Relevant treatments have included: an anterior cervical discectomy and fusion at C4-C7 (2002); physical therapy (PT); epidural steroid injections which were reported to not be helpful at all; trigger point injections which were reported to offer some temporary relief; radiofrequency cervical medial branch neurotomy at C6-7 bilaterally with some improvement in headaches and neck pain; work restrictions; and pain medications. A CT scan of the cervical spine (07-2015) was available for review and showed normal alignment, multilevel disc height loss with uncovertebral joint disease and moderate posterior spondylitis spurring resulting in mild to moderate neural foraminal encroachment. The request for authorization (08-25-2015) shows that the following procedure was requested:

radiofrequency cervical medial branch nerve block at 1st, 2nd and subsequent levels at C3-C7 on the right side. The original utilization review (09-08-2015) non-certified the request for radiofrequency cervical medial branch nerve block at 1st, 2nd and subsequent levels at C3-C7 on the right side based on lack of supportive evidence.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Radiofrequency cervical medial branch nerve block at 1st, 2nd and subsequent levels at C3- C7 on the right side: Upheld**

**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:** Based on the 6/30/15 progress report provided by the treating physician, this patient presents with severe, unchanged neck pain in bilateral anterior neck, bilateral lateral neck, and bilateral posterior neck, with bilateral shoulder/arm/elbow/wrist/hand radiating pain rated 10/10 without medications, and 7/10 with medications. The treater has asked for radiofrequency cervical medial branch nerve block at 1st, 2nd and subsequent levels at c3-c7 on the right side but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has diffuse pain in the neck, but no neurologic deficits per 7/31/15 report. The patient is s/p lumbar epidural steroid injection, which was not very helpful, and TPI's which offered temporary relief per 4/7/15 report. The patient states that heating pads, injections, and narcotics have been helpful per 6/30/15 report. The patient had a prior radiofrequency neurotomy at bilateral C6-7 on 2/18/15, which gave "best response" out of other procedures/injections, and helped with cervicogenic headache/neck pain per 8/25/15 report. The patient's work status is permanent and stationary per 6/30/15 report. ODG 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." The treater does not discuss this request in the reports provided. Utilization review letter dated 9/10/15 denies request due to lack of documentation of prior radiofrequency neurotomy procedures and lack of a formal

rehabilitation plan. However, the patient does not have a diagnosis of facet joint pain per ODG guidelines. Secondly, the patient has not had a prior diagnostic medial branch block at levels 1-2 per review of reports. Furthermore, the treater has requested radiofrequency rhizotomy at 2 levels, and then subsequently at 4 levels; ODG allows only 2 levels at a time. Therefore, the request IS NOT medically necessary.