

<b>Case Number:</b>	CM15-0187421		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old female, who sustained an industrial injury on 9-4-2012. She reported injury to the head, shoulder, back and neck from a physical altercation. Diagnoses include neck pain, degenerative disc disease, insomnia, and mood disorder. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injection, medial branch blocks, and radiofrequency ablation. Currently, she complained of ongoing neck pain with radiation to the occipital head, and pain in the neck, ear, jaw and right arm with swelling, discoloration and temperature change of the right hand thought secondary to CRPS. Pain was rated 10 out of 10 VAS with improvement down to 4 out of 10 VAS with medication and treatment. On 9-1-15, the physical examination documented cervical tenderness, painful decreased range of motion, and hypoesthesia of neck and left cheek and swelling and discoloration of the right hand. Past procedures were documented to include medial branch blocks and radiofrequency ablation with up to 60% improvement of pain for two to eight months times. The plan of care included repeat right medial branch radiofrequency ablation for neck pain and C1-2 facet injection for headache and upper neck and ear pain. The appeal requested authorization for repeat right C3-5 and C6 medial branch radiofrequency with additional levels under moderate sedation and fluoroscopic guidance and a right cervical C1-2 facet injection under fluoroscopic guidance. The Utilization Review dated 9-14-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat right C3-5, C6 medical branch radio-frequency, additional levels moderate sedation under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet Joint Radio-frequency Neurotomy.

**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), Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant sustained a work injury in September 2012 and is being treated for headaches and neck pain after being kicked. Treatments have included cervical radiofrequency ablation in August 2013 and May 2014 with 50% pain relief lasting up to 8 months. Right C1/2 facet injections were done in November 2013 and March 2014 with 80% pain relief lasting for 2 months after the second injection. When seen, she was having headaches, neck pain, and diffuse right upper extremity pain. Physical examination findings were pericervical tenderness and decreased range of motion. Repeat radiofrequency ablation and facet injections are being requested. Criteria for a repeat cervical radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, the claimant had pain relief of up to 80% lasting for 8 months. The criteria are met. However, moderate sedation is also being requested for the procedure and patients need to be able to communicate accurately during a medial branch radiofrequency ablation. There is no indication for the use of moderate sedation which is also not appropriate for this procedure and this request is therefore not medically necessary for this reason.

**Right C1-2 facet joint injection under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks Section; Facet Joint Therapeutic Steroid Injections Section.

**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), Facet joint intraarticular injections (therapeutic blocks).

**Decision rationale:** The claimant sustained a work injury in September 2012 and is being treated for headaches and neck pain after being kicked. Treatments have included cervical radiofrequency ablation in August 2013 and May 2014 with 50% pain relief lasting up to 8

months. Right C1/2 facet injections were done in November 2013 and March 2014 with 80% pain relief lasting for 2 months after the second injection. When seen, she was having headaches, neck pain, and diffuse right upper extremity pain. Physical examination findings were pericervical tenderness and decreased range of motion. Repeat radiofrequency ablation and facet injections are being requested. Criteria for the use of therapeutic intra-articular and medial branch blocks include that, if successful with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks, there should be consideration of performing a radiofrequency neurotomy. In this case, the claimant had a positive response to the previous two injections performed and has undergone radiofrequency ablation at other levels. Without consideration of performing diagnostic blocks or radiofrequency ablation, the request cannot be accepted as being medically necessary.