

<b>Case Number:</b>	CM15-0188848		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 48 year old female who sustained an industrial injury on 08-18-2009. According to a progress report dated 08-13-2015, the injured worker was seen in follow up for neck and upper back pain. She had a recent medial branch block injection on the left at C4-C5 and C5-C6 on 08-06-2015. She reported that pain continued to decrease to the point that she no longer had any neck pain that night following the procedure. Prior to the injection pain was rated 7 on a scale of 1-10. Following the injection pain was rated 1 but then gradually increased with time. Neck pain ranged from 3-9 and continued to be severe at times. Activity level continued to be limited by pain. She was sleeping about 3-5 hours of interrupted sleep at night due to pain. She last worked in August of 2009. Treatment history included 17 visits of chiropractic treatment and a recent medial branch block injection. Allergies included Amoxicillin. Naproxen caused gastrointestinal irritation. Elavil caused excessive drowsiness. Current medications included Ibuprofen as needed and Prilosec. Current symptoms included stabbing and throbbing neck pain with radiation of pain, numbness and tingling into her right shoulder trapezius region that went down to her hand on the left arm. Neck pain was "much more severe" than her arm symptoms. Objective findings included tenderness to palpation along the C3-4 and C4 facets bilaterally, left greater than right. Pain with cervical facet loading bilaterally, left greater than right was noted. Strength was 4 plus out of 5 in the left deltoid, biceps and external rotators and 5 minus out of 5 with bilateral wrist extension and wrist flexion. Diagnoses included cervical spine disc herniation C4-5, C5-6, C6-7 with mild stenosis, cervical spine degenerative disc disease, retrolisthesis at C4-5 and C5-6, bilateral shoulder impingement bursitis, left carpal tunnel symptoms and facet arthropathy of the cervical spine. It was recommended that the

injured worker proceed with authorized physical therapy for her neck. The treatment plan included request for authorization for a follow up in 6 weeks and cervical rhizotomy on the left at C3-4 and C4-5. An authorization request dated 08-13-2015 was submitted for review. The requested services included cervical rhizotomy on the left at C3-4 and C4-5. On 09-14-2015, Utilization Review non-certified the request for one cervical rhizotomy on the left at C3-4 and C4-5.

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

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

#### **One cervical rhizotomy on the left at C3-4 and C4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 8 (Cervical and Thoracic Spine Disorder: Radiofrequency Neurotomy, Neurotomy, and Facet Rhizotomy) (2011) page 225.

**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 current request is for one cervical rhizotomy on the left at C3-4 and C4-5. Treatment history included 17 visits of chiropractic treatment, physical therapy, medications and a recent medial branch block injection. The patient is not working. 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. For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." According to a progress report 08/13/15, the patient presents with neck and upper back pain. She had a recent medial branch block injection on the left C4-C5 and C5-C6 on 08/06/15, and reported decrease in pain, to the point that she no longer had any neck pain the night following the procedure. Prior to the injection pain was rated 7/10 and following the injection the pain was rated as 1/10. The patient states that the pain gradually returned. Current symptoms included stabbing and throbbing neck pain with radiation

of pain, numbness and tingling into her right shoulder trapezius region that went down to her hand on the left arm. Objective findings included tenderness to palpation along the C3-4 and C4 facets bilaterally, left greater than right. Pain with cervical facet loading bilaterally, left greater than right was noted. Strength was 4+/5 in the left deltoid, biceps and external rotators and 5-/5 with bilateral wrist extension and wrist flexion. Diagnoses include cervical spine disc herniation C4-5, C5-6, C6-7 with mild stenosis, and cervical spine degenerative disc disease. In this case, the patient reported a decrease in pain following the medial branch block, but the duration of relief was not documented as required by ODG. Furthermore, such injections are only supported when there is an absence of radicular pain, and this patient presents with radiation of pain, numbness and tingling into her right shoulder and has a diagnosis of cervical stenosis. This patient does not meet the indications set forth by ODG for a cervical rhizotomy. Therefore, this request is not medically necessary.