

<b>Case Number:</b>	CM15-0206765		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/09/2001
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 56-year-old female who sustained an industrial injury on 1-9-01. The injured worker reported neck discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical herniated nucleus pulposus, lumbar disc degeneration at L5-S1, and left shoulder post-traumatic arthrosis of acromioclavicular joint, possible C6-7 chronic bursa sac inflammation. Provider documentation dated 8-12-15 noted the work status as temporary totally disabled. Treatment has included transcutaneous electrical nerve stimulation unit, injection therapy, physical therapy, magnetic resonance imaging, medial branch blocks, Motrin since at least April of 2015, Hydrocodone since at least April of 2015, radiographic studies, electromyography. Objective findings dated 8-12-15 were notable for right shoulder with "mild to moderate pain with restricted range of motion." The original utilization review (10-2-15) denied a request for Radiofrequency ablation, facet blocks cervical, thoracic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation, facet blocks cervical, thoracic:** 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:** The current request is for RADIOFREQUENCY ABLATION, FACET BLOCKS CERVICAL, THORACIC. The RFA is dated 09/25/15. Treatment history include included DeQuervain's release (2010), transcutaneous electrical nerve stimulation unit, injection therapy, physical therapy, magnetic resonance imaging, medial branch blocks, acupuncture, and medications. The patient is temporary totally disabled. 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. 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. Per report 8/12/15, the patient presents with mild neck pain. The patient has pain in the right paracervical when she rotates, tilts and flexes. The treater states [REDACTED] in his AME report recommended a rhizotomy. Per AME report dated 08/13/15 by [REDACTED], the patient has had previous thoracic and cervical facet blocks that were efficacious. Examination on this date revealed constant, severe burning sensation, and stiffness about the neck. She also notes radicular pain which extents distally into the right upper extremity extending to the mid upper arm and at times right thumb. Documentation notes previous facet blocks as efficacious, however, MTUS does not support facet blocks or RFA for patients that present with radicular symptoms. 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 in the upper extremity. This patient does not meet the indications set forth by ODG for a rhizotomy. Therefore, this request IS NOT medically necessary.