

<b>Case Number:</b>	CM15-0218641		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54-year-old female who sustained an industrial injury on 11/3/11. The mechanism of injury was not documented. Conservative treatment included physical therapy, home exercise program, acupuncture, medications, massage therapy, TENS unit, and activity modification. The progress reports from 5/14/15 to 10/8/15 documented pain without medications as grade 9-10/10 and pain with medications 5-6.5/10. The 10/22/15 treating physician report cited neck and bilateral upper extremity pain that was grade 10/10 without medications and 5/10 with medications. She stated that she would be unable to tolerate working without her medication regime. She reported a current flare-up neck and back pain after going on vacation. Physical exam documented restricted and painful cervical range of motion, right paravertebral muscle tenderness and tight muscle band, and a trapezius muscle trigger point with radiating pain and twitch response. Right shoulder exam documented tenderness over the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. There was restricted and painful right shoulder range of motion with positive impingement signs, and rotator cuff weakness. Current medications included Voltaren 1% gel, Ultram, Ambien, Lyrica, and Zoloft. The treating physician documented that cervical radiofrequency ablation at right C3, C4, and C5 on 11/26/14 had improved neck and right shoulder range of motion. The injured worker completed 6 sessions of massage therapy in May 2014 with excellent relief of cervical pain, shoulder pain, and myofascial spasms. She completed one visit of massage therapy for the cervical spine in February 2015 with significant relief of neck pain for one day. She requested massage therapy for flare care. Authorization was requested for cervical radiofrequency ablation

at right C3, C4, and C5, and 6 visits of massage therapy for cervicobrachial syndrome. The 11/3/15 utilization review non-certified the request for cervical radiofrequency ablation as there was no documentation of the percentage/duration of any functional benefit with the last cervical radiofrequency ablation right C3, C4, and C5 on 11/28/14. The request for 6 visits of massage therapy for cervicobrachial syndrome was non-certified as there was no documentation of the amount/duration of any functional benefits with prior massage therapy.

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

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

**Cervical facet radiofrequency ablation (site: C3, C4 and C5; right side): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**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: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of at least 6 months duration should be documented. Guideline criteria have not been met. This injured worker presents with neck and bilateral upper extremity pain. Records documented no essential change in pain grades since 5/14/15. The treating physician reported a radiofrequency ablation at right C3, C4, and C5 on 11/26/14. There is no documentation evidencing pain relief, duration of relief, reduced medications, or sustained functional benefit. There is no compelling rationale to support the medical necessity of cervical radiofrequency ablation in the absence of evidence of prior sustained benefit greater than 50% for 12 weeks and sustained benefit for at least 6 months. Therefore, this request is not medically necessary.

**Massage therapy for cervicobrachial syndrome (6-sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The California MTUS guidelines recommend massage therapy as an option when used as an adjunct to other recommended treatment (e.g. exercise). Guidelines state that massage should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Guideline criteria have not been met. This injured worker presents with a reported increase in her neck and back pain. Massage therapy was been requested for pain reduction relative to the flare. There is no evidence that massage therapy is being provided as an adjunct to other functional treatment for this flare. There is no documentation of prior functional benefit with massage treatment or sustained pain reduction. Therefore, this request is not medically necessary.