

<b>Case Number:</b>	CM15-0056915		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/06/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41 year old female, who sustained an industrial injury on 6/6/00. She reported pain in the neck and headaches related to cumulative trauma. The injured worker was diagnosed as having cervical degenerative disc disease, right cervical radiculopathy, migraine headaches and cervical disc bulging C2-C3, C5-C6 and C6-C7. Treatment to date has included physical therapy, a cervical MRI, Botox injections and pain medications. As of the PR2 dated 11/19/14, the injured worker reports 6/10 pain in the cervical spine that is aggravated by repetitive motions. The treating physician noted tenderness to palpation in the cervical musculature. The treating physician requested a cervical rhizotomy with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical (C5-C6, C6-C7) Rhizotomy with Pain Management Specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & 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 (Acute & Chronic) Facet rhizotomy.

**Decision rationale:** The injured worker sustained a work related injury on 6/6/00. The medical records provided indicate the diagnosis of cervical degenerative disc disease, right cervical radiculopathy, migraine headaches and cervical disc bulging C2-C3, C5-C6 and C6-C7. Treatment to date has included physical therapy, a cervical MRI, Botox injections and pain medications. The medical records provided for review do not indicate a medical necessity for Cervical (C5-C6, C6-C7) Rhizotomy with Pain Management Specialist. The MTUS is silent on cervical rhizotomy, but recommends cervical neurectomy without giving the criteria. The Official Disability Guidelines criteria include evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; evidence of a formal plan of rehabilitation in addition to facet joint therapy. The records indicate she has occipital headaches that worsens with movement of the neck; she had insignificant response to the diagnostic cervical facet diagnostic block (this was reported in the postoperative note). Therefore the request is not medically necessary.