

<b>Case Number:</b>	CM15-0083572		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/12/1997
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 54-year-old female, who sustained an industrial injury on 3/12/1997. Diagnoses have included cervical spondylosis with radicular pain into the left upper extremity in the C6 distribution, chronic bilateral occipital neuralgia, opioid dependence and migraine headaches. Treatment to date has included radiofrequency lesioining of bilateral C3 and C4 levels (successful), physical therapy and medication. According to the progress report dated 3/2/2015, the injured worker complained of neck and head pain. The injured worker was crying. It was noted that the prescribed medication regimen had not been covered. The injured worker rated her pain without medications as 4/10 and with medications as 3/10. Physical exam revealed tenderness to palpation over the cervical paraspinal muscle, decreased neck range of motion and tenderness to palpation over the cervical facets C3 to C4 and over the occipital groove bilaterally. Exam of the back revealed tenderness to palpation throughout back and decreased range of motion. The injured worker continued to work. Authorization was requested for left C3 and C4 and right C3 and C4 radio frequency ablation with fluoroscopic guidance and Botox 200 units with ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left C3, C4 radiofrequency ablation with fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**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: Cervical Facet Radiofrequency.

**Decision rationale:** 1 left C3, C4 radiofrequency ablation with fluoroscopic guidance is medically necessary. MTUS references the Occupation medicine practice guidelines on page 300, which states, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. The claimant had a previous cervical facet radiofrequency with success. Additionally, the history and physical is consistent with facet pain; therefore, the requested procedure is medically necessary.

**1 right C3,C4 radiofrequency ablation with fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines N.

**Decision rationale:** 1 right C3, C4 radiofrequency ablation with fluoroscopic guidance is medically necessary. MTUS references the Occupation medicine practice guidelines on page 300, which states, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. The claimant had a previous cervical facet radiofrequency with success. Additionally, the history and physical is consistent with facet pain; therefore, the requested procedure is medically necessary.

**1 Botox 200 units with ultrasound:** 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 & 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 Complaints: Treatment Consideratio.

**Decision rationale:** 1 Botox 200 units with ultrasound is not medically necessary. Per CA MTUS page 26, Botox is recommended for the treatment of cervical dystonia and/or chronic low back pain in conjunction with a functional restoration program. The physical exam and diagnosis is not consistent with cervical dystonia. Additionally the request was made without pairing of a functional restoration program. Additionally, it is documented that the patient had previous success radiofrequency of cervical facet injections; therefore, the requested service is not medically necessary.