

Case Number:	CM15-0230866		
Date Assigned:	12/04/2015	Date of Injury:	05/29/2008
Decision Date:	01/08/2016	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial-work injury on 5-29-08. The injured worker was diagnosed as having neck pain. Treatment to date has included (no listed) medication, surgery (carpal tunnel release in 2009, status post C5-6 and C6-7 ACDF (anterior cervical discectomy and fusion) in 2004, and diagnostics. Currently, the injured worker complains of neck pain, right shoulder blade pain, and persistent pain in the arms and hands, greater on right than left along with swallowing difficulty. Per the primary physician's progress report (PR-2) on 10-19-15, exam noted motor strength of 4- out of 5, normal sensory exam, normal gait, coordination is intact, new onset of swallowing difficulty and right greater than left arm pain. MRI (magnetic resonance imaging) had no evidence of compressive lesion or non- union on X-ray. Current plan of care includes diagnostic testing for swallow difficulty and facet blocks. The Request for Authorization requested service to include Facet block C4-5 and Rhizotomy. The Utilization Review on 10-27-15 denied the request for Facet block C4-5 and Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block C4-5: 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 & Upper Back Chapter, Facet blocks: Pain Chapter; Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-Facet joint diagnostic blocks (injections) and Facet joint pain, signs and symptoms.

Decision rationale: Facet block C4-5 is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The guidelines states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with cervical pain that is non-radicular. The ODG states that facet pain characteristics are generally described as axial neck pain (either with no radiation or rarely 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); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The documentation of pain in the bilateral upper arms into the hands and weakness in the upper extremities is not consistent with facet-mediated symptoms therefore this request is not medically necessary.

Rhizotomy: 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 & Upper Back Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-Facet joint diagnostic blocks (injections) and Facet joint pain, signs and symptoms.

Decision rationale: Rhizotomy is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The guidelines states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with cervical pain that is non-radicular. The ODG states that facet pain characteristics are generally described as axial neck pain (either with no radiation or rarely 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); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. The documentation of pain in the bilateral upper arms into the hands and

weakness in the upper extremities is not consistent with facet mediated symptoms therefore facet injections are not medically necessary and a rhizotomy is also not considered medically necessary.