

<b>Case Number:</b>	CM14-0127144		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male. The injured worker's original date of injury was November 9, 1998. The injured worker has chronic neck pain and left sided. Scapular pain. MRI of the cervical spine dated May 24th 2014 revealed a large base disc osteophyte complex at C3-C4 with facet joint arthritis noted at this level. Conservative care has consisted of methocarbamol, Cymbalta, trazodone, Zanaflex, lidocaine patch, and hydrocodone. The patient has a history of previous cervical spine fusion performed anteriorly at the C6-C7 level. The disputed issue is a request for radiofrequency ablation of the cervical spine to be done at the C3-C4 level. A utilization review determination resulted in non-certification of this request on the basis that no diagnostic blocks had been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Radiofrequency ablation for the left C3 - C4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 178, Table 8-8 Facet Injection & Diagnostic Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, Facet Joint radiofrequency neurotomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Radiofrequency Ablation

**Decision rationale:** Radiofrequency of the cervical facet joints is not specifically addressed within the Chronic Pain Medical Treatment Guidelines. However, Section 9792.23.1 Neck and Upper Back Complaints states the following: "The Administrative Director adopts and incorporates by reference the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 8 page 174-175 states that "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms." However, these practice guidelines do not specifically address RFA and thus the Official Disability Guidelines is cited. According to the Official Disability Guidelines Chapter on Neck Pain, cervical facet joint radiofrequency neurotomy is "under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. (Lord, 1996) A similar duration of pain relief (219 days) was found in a prospective non-randomized trial. Complete pain relief was obtained by 71% of patients (for a "clinically satisfying period"). (McDonald, 1999) A recent retrospective review was conducted on patients with diagnosed cervical facet syndrome (via controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection. The mean duration of relief was less at the C2-3 joint than at other levels, and was also less for patients on compensation (non-significant difference). Pain was not measured with a formal pain rating instrument. (Barnsley, 2005) (ConlinII, 2005) The procedure is not recommended to treat cervicogenic headaches (See Facet Joint radiofrequency neurotomy, Cervicogenic Headaches). This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Complications: Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. (Boswell, 2005) The clinician must be aware of the risk of developing a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures. (Washington, 2005) (Haldeman, 2008) (van Eerd, 2010) (Caragee, 2009) (Kirpalani, 2008) (Manchikanti, 2008) Factors associated with failed treatment: These include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. See also Cervicogenic headache, facet joint neurotomy. See the Low Back Chapter for further references. 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. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be

documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." In the case of this injured worker, I did not find a note to document that the patient had diagnostic medial branch blocks which showed successful transient reduction in pain level to warrant a radiofrequency ablation. Given the absence of this documentation, this request for radiofrequency ablation for the left C3 - C4 is not medically necessary or appropriate.