

<b>Case Number:</b>	CM14-0127392		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/05/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/11/2014
<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 Nevada. 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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on 4/5/2008. The mechanism of injury was noted as cumulative injuries sustained as a firefighter. The most recent progress note, dated 4/15/2014, indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities, and low back pain that radiated into the lower extremities. The physical examination demonstrated cervical spine surgical scar noted with limited range of motion. Pain in the trapezius was noted with range of motion. There was also positive tenderness along the lower right paracervical and trapezius muscles, levator scapula, and along the spine C5-C7. There was also 25% decreased sensation to light touch to the radial aspect of the left forearm. Positive Tinel's test in the left elbow. Left shoulder had decreased range of motion. Muscle strength was 4/5 with inability to lift the shoulder more than 80, without assistance, and demonstrating moderate to severe tenderness in the subacromial region consistent with impingement and pain, with virtually all ranges of motion of the shoulder. There was positive long head bicep rupture on the left side. There was also positive tenderness over the AC joint of the left shoulder without crepitus. Right shoulder had mild posterior/lateral tuberosity tenderness to palpation. Elbows had full range of motion, and the wrists had full range of motion. Lumbar spine had positive tenderness at the distal aspect of lumbar surgical scar. There was positive tenderness of the paraspinal muscles of the lumbar spine L4 to the sacrum bilaterally. Limited range of motion of the lumbar spine was with pain. There was 50% decreased sensation to light touch along the lateral aspect of the left thigh. Bilateral knees had decreased range of motion and flexion bilaterally. There was moderate tenderness to palpation to the medial aspect of the femur, patella, and joint lines of the left knee. There was 1 + anterior drawer of the right knee and positive tenderness to palpation of the medial joint line of the right knee. Recent diagnostic studies are available for review. Previous

treatment included cervical radiofrequency facet blocks, medications, physical therapy, epidural steroid injections and conservative treatment. A request had been made for radio frequency at C2, C3, C4, C5 medical branch blocks on right under fluoroscopy and was not certified in the pre-authorization process on 7/11/2013.

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

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

**One radio frequency at C2, C3, C4, C5 medical branch blocks on right under fluoroscopy:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. 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 ODG -TWC / ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic)

**Decision rationale:** There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures. Criteria for cervical facet radiofrequency neurotomy includes no more than 2 joint levels are to be performed at one time. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval less than 6 months from the 1st procedure. Effect after the 1st neurotomy should be documented for at least 12 weeks at greater than 50% relief. Sustained pain relief is generally of at least 6 months duration. No more than 3 procedures performed in a year. After reviewing the medical documentation provided and current literature guidelines, the request for this procedure is deemed not medically necessary at this time. The treating physician is lacking documentation of a formal plan of rehabilitation in addition to the requested procedure.