

<b>Case Number:</b>	CM14-0153499		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 70-year-old male who reported an injury on 06/15/2000. The mechanism of injury occurred due to a motor vehicle accident. His diagnoses included cervical pain, cervical facet syndrome, shoulder pain, and partial tear of the rotator cuff. The injured worker's past treatments included surgery, physical therapy, urine drug screens, medications, and injections. His diagnostic exams included an MRI and X-ray of the affected body parts. His surgical history included a right shoulder arthroscopy and multiple radiofrequency rhizotomies performed in 2013. On 08/12/2014, the injured worker complained of neck, upper back, and right shoulder pain. He reported that his neck pain radiated down into his right upper extremity, and that the pain was associated with weakness in the bilateral arms and hands. On scale of 0 to 10, the injured worker rated the severity of his pain as 10/10, but a 6/10 at best. He described his pain as sharp, throbbing, shooting, and electric like with muscle pain. He indicated that the pain was relieved by taking medications and did not report any adverse reactions. Due to the worsening pain caused by the injury, the injured worker no longer performed activities of daily living. The physical exam revealed spasms and tenderness to palpation of the cervical spine over the right posterolateral neck and superior shoulder area. There was also noted facet loading with pain of the cervical spine. The cervical spine also had decreased range of motion. An inspection of the bilateral shoulders revealed decreased range of motion, as well as a positive Hawkins sign to the right bilateral shoulder. A neurological exam revealed the deep tendon reflexes were 1/4 in the bilateral upper extremities and the motor strength testing revealed weakness to the right shoulder external rotator muscle groups. Sensory examination revealed that all neurological features were intact bilaterally to the upper extremities. The injured worker's medications included Celexa 40 mg, Flexeril 10 mg, Lidoderm 5% patch, Norco 7.5/325 mg, and Vicodin 5/300 mg. The treatment plan included the use of a cervical medial branch nerve block to the right C3-6 levels,

along with the request for a therapeutic steroid injection of the right shoulder. A request was received for a cervical facet radiofrequency ablation to the right with [REDACTED] between 08/12/2014 and 10/26/2014. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/26/2014.

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

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

**One (1) Cervical Facet Radiofrequency Ablation to the Right with [REDACTED], M.D. (Between 8/12/2014 and 10/26/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, Facet joint radiofrequency neurotomy

**Decision rationale:** The Official Disability Guidelines (ODG) state that the use of a facet joint radiofrequency neurotomy is contingent on the injured worker meeting the criteria for use. The criteria for the use of a cervical facet radiofrequency neurotomy includes a diagnosis of facet joint pain, evidence of adequate diagnostic blocks, pain improvement, documented improvement in function, the use of no more than two joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. Also, the need for repeat blocks should be established on documented duration of effect from the previous ablations with relief lasting at least 12 weeks and providing at least 50% pain relief. The current literature does not support repeat procedures without sustained pain relief of at least 6 months in duration. Based on the clinical notes, the injured worker had multiple radiofrequency rhizotomies in 2013, which provided an unspecified amount of pain relief. The guidelines do not support repeat ablations without clear documentation indicating the duration and amount of pain relief the injured worker received. Also, the clinical notes did not provide a quantitative pain score that indicated the injured worker's pain levels while he was treated. The clinical notes failed to indicate that the injured worker would be participating in a rehabilitation program in addition to the facet joint therapy. Additionally, the treatment plan indicated that the procedure would affect the C3, C4, C5 and C6 spine. However, the guidelines do not recommend the procedure when it involves more than two root levels. The request is for three root levels and would not be supported. Moreover, the clinical notes also failed to identify improved function from the previous facet joint therapy. Therefore, due to lack of documentation indicating improved function, decreased pain levels, evidence of a formal rehabilitation plan, the use of more than two nerve root levels, and the duration of pain relief from the previous radiofrequency procedures, the request is not supported. Thus, the request for one Cervical Facet Radiofrequency Ablation to the right with [REDACTED] is not medically necessary and appropriate.