

<b>Case Number:</b>	CM14-0165495		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 61-year-old female underwriter with a date of injury of October 1, 2009. Injuries were reported to her neck, shoulders, arms, wrists and hands due to work activities. Past medical history was positive for hypertension, disc bulge, and hyperlipidemia. Past surgical history was positive for thyroidectomy, left carpal tunnel release, deQuervain's and 2nd dorsal compartment release on February 1, 2011 and right carpal tunnel release on July 14, 2011. A cervical radiofrequency ablation at C5, C6, and C7 was performed on April 25, 2013. The April 29, 2013 medical legal report documented that the injured worker felt injection therapy, including radiofrequency block, had not been beneficial. Review of the progress reports from May 9, 2013 to September 10, 2013 demonstrated no objective evidence of improvement in pain or function or reduction in medication use. The October 8, 2013 upper extremity electromyogram/nerve conduction velocity test documented evidence of bilateral median neuropathy at the wrists consistent with bilateral carpal tunnel syndrome. There was no evidence of myopathy, cervical radiculopathy, or plexopathy. The September 9, 2014 treating physician report indicated the injured worker had chronic neck pain due to degenerative spondylosis of the cervical spine, chronic right shoulder pain due to impingement, and chronic bilateral hand/wrist pain due to carpal tunnel syndrome. Her pain had both nociceptive and affective components. Partial pain relief was reported with current analgesic medications. Her current medications also helped maximize her level of physical function and improve her quality of life. The injured worker was moderate to severely decondition with some areas of focal weakness. Regular exercise was encouraged. The treating physician reported that the injured worker underwent neurotomy to the cervical spine on April 25, 2013 with effective pain relief for over 6 months and decreased use of analgesic medication. Authorization was requested for cervical radiofrequency lesioning. The September 23, 2014 utilization review denied the request for right

C5, C6, C7 and C8 cervical radiofrequency neurotomy as there was no documentation of facet blocks on the right side, current clinical exam findings, or evidence of conservative treatment failure.

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

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

**Right C5, C6, C7 and C8 cervical radiofrequency neurotomy.:** Upheld

**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, Facet joint radiofrequency neurotomy

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for radiofrequency neurotomy include a diagnosis of facet joint pain, documented improvement in pain scores and function with diagnostic facet joint blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. Guideline criteria have not been met. The last cervical radiofrequency neurotomy was on the left side and did not provide pain relief consistent with guideline recommendations for repeat injections. There is no evidence that cervical facet diagnostic blocks have been provided on the right side. The current request for 3 levels exceeds guideline recommendations for no more than 2 levels. There is no current clinical evidence of facet mediated pain. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.