

<b>Case Number:</b>	CM14-0216836		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old female with a date of injury as 10/05/2011. The current diagnoses include positive right C4-C7 facet joint medial branch block, right shoulder impingement, right shoulder bursitis, right cervical facet joint pain at C4-C7, cervical facet joint arthropathy, cervical disc protrusion, and chronic neck pain. Previous treatments include oral and topical medications, right shoulder surgery, and physical therapy. Report dated 12/22/2014 noted that the injured worker presented with complaints that included bilateral neck and right shoulder pain. Physical examination revealed tenderness to palpation of the right cervical paraspinal muscles, facet joints, and right shoulder. Right shoulder and cervical range of motion is decreased due to pain. Current medication regimen includes Actos, TriCor, Lisinopril/HCTZ, Simvastatin, Actonel, Trazadone, and Tramadol. The physician noted that the request for the Fluoroscopically guided right C4-C5 facet radio-frequency nerve ablation and Fluoroscopically guided right C6-C7 facet radio-frequency nerve ablation was to more permanently treat the injured worker's right neck pain. The physician noted that the injured worker has failed physical therapy and has had a positive right C4-C7 facet joint medial branch block that provided 80% relief with improved range of motion. The injured worker is retired. A home exercise program is documented. The utilization review performed on 12/05/2014 non-certified a prescription for Fluoroscopically guided right C4-C5 facet radio-frequency nerve ablation and Fluoroscopically guided right C6-C7 facet radio-frequency nerve ablation based on medical necessity. The reviewer referenced the California MTUS ACOEM and Official Disability Guidelines in making this decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fluoroscopically guided right C4-C5 facet radiofrequency nerve ablation QTY #1:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- neck and upper back. Criteria for use of cervical facet radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy

**Decision rationale:** The California MTUS 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 the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guidelines state the one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Guideline criteria have been met. This patient presents with clinical findings consistent with facet joint pain. Cervical diagnostic facet blocks produced greater than 80% pain relief for 2 hours, with improvement in functional range of motion documented. A home exercise program is evidenced consistent with a formal plan of rehabilitation. Therefore, this request for a fluoroscopically guided right C4-C5 facet radiofrequency nerve ablation is medically necessary.

### **Fluoroscopically guided right C6-C7 facet radiofrequency nerve ablation QTY # 1:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- neck and upper back. Criteria for use of cervical facet radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy

**Decision rationale:** The California MTUS 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 the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores

and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guidelines state the one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Guideline criteria have been met. This patient presents with clinical findings consistent with facet joint pain. Cervical diagnostic facet blocks produced greater than 80% pain relief for 2 hours, with improvement in functional range of motion documented. A home exercise program is evidenced consistent with a formal plan of rehabilitation. Therefore, this request for a fluoroscopically guided right C6-C7 facet radiofrequency nerve ablation is medically necessary.