| Case Number: | CM15-0175508 | | |
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| Date Assigned: | 09/16/2015 | Date of Injury: | 12/13/2001 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/05/2015 |

## 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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 53 year old female, who sustained an industrial injury on 12-13-2001. She has reported injury to the neck. The diagnoses have included cervicalgia; cervical spine disease including history of multiple level discectomy and fusion along with multiple level foraminal stenosis and facet arthropathy; right cervical radicular pain; and cervical facet-mediated pain, C5-C6 and C6-C7 levels bilaterally. Treatment to date has included medications, diagnostics, facet injections, cervical epidural injection, and surgical intervention. A progress report from the treating physician, dated 07-16-2015, documented a follow-up visit with the injured worker. Currently, the injured worker reported she is status post cervical epidural injection for treatment of cervicalgia and right cervical radiculitis; she has had improvement of radicular pain, but is still having significant pain in the axial cervical spine, more so on the right side, but also present on the left side; and she has previously received facet injection of the C5-C6 and C6-C7 levels which did provide significant temporary improvement. Objective findings included tenderness to palpation of the bilateral cervical paraspious regions overlying the C5-C6 and C6-C7 levels exacerbated with facet loading and hyperextension; and her MRI scan reveals significant facet arthrosis at the C5-C6 and C6-C7 levels. The treatment plan has included the request for radio frequency lesioning of facet innervation of the bilateral C5-C6 and C6-C7 region. The original utilization review, dated 09-01-2015, non-certified a request for radio frequency lesioning of facet innervation of the bilateral C5-C6 and C6-C7 region.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio frequency lesioning of facet innervation of the bilateral C5-C6 and C6-C7 region:** Overturned

**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 and Upper Back, Facet joint radiofrequency neurotomy.

**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 rhizotomy.

**Decision rationale:** Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks" but beyond that MTUS is silent on specific requirements for RF ablation in the cervical spine. Per ODG with regard to facet joint radiofrequency neurotomy: "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." The ODG indicates that criteria for cervical facet joint radiofrequency neurotomy are as follows: 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. Per progress report dated 7/16/15 it is noted that the injured worker has a history of C4 through C7 discectomy and fusion with instrumentation. She also has multiple level cervical foraminal stenosis and facet arthropathy. She had previously also received facet injections of the C5-C6 and C6-C7 levels, which did provide significant temporary improvement. The presence of a fusion, as the UR physician points out, is a relative contradiction, not an absolute contraindication. The request is medically necessary.