

<b>Case Number:</b>	CM15-0041264		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year-old female who has reported neck and back pain after an injury on 6/7/00. She last worked in 2003. The diagnoses have included cervical spondylosis, status-post cervical fusion, chronic pain syndrome, degenerative disc disease, and spinal stenosis. Treatment has included a C4-7 fusion, injections, physical therapy, acupuncture, medications, and chiropractic care. The records refer to prior epidural steroid injection, cervical facet injections, cervical medial branch blocks, and a left C3-4 radiofrequency ablation in November 2013. That radiofrequency ablation reportedly provided a 50-60% pain reduction. Per the primary treating physician reports of 9/3/14 and 10/17/14, the radiofrequency ablation on 11/13/13 helped for 3 months (the injured worker cannot remember how much it helped). Later in the report it was stated that the radiofrequency ablation did not help as much as she hoped, so felt it didn't work. On reflection she has determined that likely 50%+. There were no reductions in medications. Per the report of 12/22/14, the 2013 radiofrequency ablation resulted in more time spent with her family. A prescription of 9/3/14 was for a referral to a pain management physician, for L RFA >50% response (unintelligible). On 10/22/14, the pain management physician noted ongoing neck pain with headaches. He recommended the left C3-4 radiofrequency ablation, noting the prior radiofrequency ablation at the same site but there was no discussion of the specific results of that prior procedure. The report of 1/4/15 appeals the Utilization Review non-certification of the radiofrequency ablation, noting the positive medial branch blocks. He noted his visit on 11/27/13, at which time there as a 60% pain reduction and he prescribed Lidocream for neuropathy. At subsequent visits on 12/13/13 and 1/17/14 the radiofrequency ablation was

reportedly providing pain relief, though with no description of functional improvement, degree of pain relief, medication reductions, or decreasing dependency on medical care. Trigger point injections were recommended. The treating physician discussed his desire to proceed directly to a repeat radiofrequency ablation rather than repeating the medial branch blocks, and refers to some recommendation from Utilization Review that there be a medial branch block rather than a radiofrequency ablation. On 2/9/15 cervical medial branch blocks and associated procedures were requested. On 11/4/14 Utilization Review non-certified the requested radiofrequency ablation. On 2/23/15, Utilization Review non-certified cervical medial branch blocks and the associated procedures, citing the updated ACOEM Guidelines. The apparent reason for the non-certification was the lack of necessity to repeat the medial branch blocks.

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

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

### **1 Cervical medical branch block C3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 225, 604.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint radiofrequency neurotomy. Facet joint diagnostic blocks.

**Decision rationale:** The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The Official Disability Guidelines recommend medial branch blocks prior to facet neurotomy, and make a number of other recommendations, including recommendations regarding sedation and contrast. The Official Disability Guidelines do not address the medical necessity for an epidurogram. The treating physician has discussed performing the therapeutic procedure, the radiofrequency ablation, rather than the medial branch blocks, which he apparently feels are not required in light of the prior medial branch blocks that met the criteria for proceeding to the radiofrequency ablation. The full details of any Utilization Review discussion with the treating physician and reasons why medial branch blocks are now being requested rather than a repeat radiofrequency ablation are not available for this review. It appears from the information in the available records that there was a sufficiently positive medial branch block procedure (although the actual records from that time were not available), followed by the radiofrequency ablation in 2013. The degree of pain relief is sufficient to proceed with a repeat radiofrequency ablation per the Official Disability Guidelines, which state that repeat radiofrequency ablation is an option when there was >50% pain relief for at least 12 weeks. As such, there would be no medical necessity to repeat the medial branch blocks, but rather the radiofrequency ablation would be the next procedure. The medial branch blocks are not medically necessary in light of the available information. However a review of the injured workers medical records clearly reveal that the treating physician is requesting a repeat radiofrequency ablation and it is not clear how this got to be requested as a cervical medical

branch block, therefore the request for 1 cervical facet joint radiofrequency neurotomy at C3 is medically necessary and appropriate in this injured worker.

### **1 Cervical medical branch block C4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 225,604.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint radiofrequency neurotomy. Facet joint diagnostic blocks.

**Decision rationale:** The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The Official Disability Guidelines recommend medial branch blocks prior to facet neurotomy, and make a number of other recommendations, including recommendations regarding sedation and contrast. The Official Disability Guidelines do not address the medical necessity for an epidurogram. The treating physician has discussed performing the therapeutic procedure, the radiofrequency ablation, rather than the medial branch blocks, which he feels are not required in light of the prior medial branch blocks that met the criteria for proceeding to the radiofrequency ablation. The full details of any Utilization Review discussion with the treating physician and reasons why medial branch blocks are now being requested rather than a repeat radiofrequency ablation are not available for this review. It appears from the information in the available records that there was a sufficiently positive medial branch block procedure, followed by the radiofrequency ablation in 2013. The degree of pain relief would be sufficient to proceed with a repeat radiofrequency ablation per the Official Disability Guidelines, which state that repeat radiofrequency ablation is an option when there was >50% pain relief for at least 12 weeks. As such, there would be no medical necessity to repeat the medial branch blocks, but rather the radiofrequency ablation would be the next procedure. A review of the injured workers medical records clearly reveal that the treating physician is requesting a repeat radiofrequency ablation and it is not clear how this got to be requested as a cervical medical branch block, therefore the request for 1 cervical facet joint radiofrequency neurotomy at C4 is medically necessary and appropriate in this injured worker.

### **Guidance of local needle times 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181.

**Decision rationale:** Since the primary procedure, the facet joint radiofrequency neurotomy is medically necessary this associated procedure is also medically necessary.

**Epidurography times 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 604.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181.

**Decision rationale:** Since the primary procedure, the facet joint radiofrequency neurotomy is medically necessary this associated procedure is also medically necessary.

**Conscious sedation times 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-181.

**Decision rationale:** Since the primary procedure, the facet joint radiofrequency neurotomy is medically necessary this associated procedure is also medically necessary.