

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested cervical facet joint injection **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/14/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested cervical facet joint injection **is not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 20, 2013.

This patient injured her neck and foot in January, 2013. She had fourth and fifth toe fractures and a left lower extremity metatarsal fracture. She has disc degeneration at C5-6 and C6-7. She was in a wheelchair at the time of her visit to Dr. [REDACTED]. She had pain with all range of motion of the cervical spine and 60% decrease in flexion and extension. She had a positive Spurling's test and shoulder abduction test. She had decreased sensation in the upper extremities, especially on the right. This is a request for a cervical epidural injection at C5-6 and a cervical facet injection at this level.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 6/13/13)
- Utilization Review Determination by [REDACTED] (dated 5/20/13)
- Employee medical records from [REDACTED], MD (dated 3/4/13)
- Employee medical records from [REDACTED], MD (dated 5/10/13)
- Employee medical records from [REDACTED] (dated 1/8/13-1/28/13)
- Employee medical records from [REDACTED] (dated 1/22/13-1/24/13)
- MRI report from [REDACTED] (dated 3/19/13)

- 9792.24.2. Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 46

1) Regarding the request for cervical facet joint injection:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 46, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator were not relevant and appropriate for the issue at dispute and referenced Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related neck injury on January 8, 2013. The medical records provided and reviewed indicate treatment has consisted of analgesic medications; cervical MRI, demonstrating mild-to-moderate central canal stenosis at C5-C6, with an associated disk bulge and annular tear; and several months off work. The medical record from April 15, 2013, indicates persistent headaches with significant decrease in cervical range of motion, a positive Spurling maneuver, and decreased sensorium about the bilateral upper extremities. The treating provider recommends a steroid injection at C5-C6 and facet joint fluoroscopy as well as a cervical epidural steroid injection.

ACOEM Guidelines indicate facet joint injections have no proven benefit in treating acute neck and/or upper back symptoms. The medical records indicate the employee has on-going clinical radiculopathy for which a cervical epidural injection has been requested and approved. The cervical facet joint injection **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.