

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 4/4/1990
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011496

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, 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 physician 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.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 74-year-old male who is reported to have been injured on 04/04/1990. The patient is noted to have a history of a lumbar spondylosis without myelopathy. The patient is also noted to have undergone transforaminal lumbar epidural steroid injections. A clinical note dated 01/15/2013, signed by Dr. [REDACTED], reported the patient was diagnosed with low back pain, right hip pain, lumbosacral spondylosis without myelopathy, physical deconditioning, and adjustment disorder with anxiety. The patient is noted to complain of constant sharp pain in the lower back with radiation into the anterior part of the right thigh, sometimes radiating down the lateral aspect of the right leg, which was made worse by sitting or lying down. He reported his pain was improved by moving around and staying active and noted to have worsened since his last visit. The patient is reported to be taking about 6 pills of morphine 15 mg per week for about 2 years. The patient is noted to have previously treated with physical therapy and pain psychology, which were not helpful according to the patient. The patient is also noted to have bilateral knee pain and is noted to be status post bilateral knee surgery in the past for meniscal tears. He also reported upper back pain between the shoulder blades with occasional radiation to the right arm and bilateral wrist pain mostly on the left. On physical exam, the patient was noted to have positive facet loading on the right. The patient was reported to have undergone right lumbar medial branch denervation on 02/26/2013. A Letter of Medical Necessity, dated 07/14/2013, reported the patient had had 80% relief with 2 diagnostic medial branch blocks on the right side and then underwent a right medial branch denervation in 02/2013. The provider reported he had not seen the patient following his right denervation. They reported at that time, they would like to begin with the left side with a diagnostic block at L4, L5, and the sacral ala for medial branch blocks of the L4-5 and L5-S1 facet joints. The patient was noted to have undergone a left medial branch block at L3 and L5 and L4 and at L5 dorsal ramus at the sacral ala on 07/15/2013, with a reported 80% relief of pain. The patient is noted on 07/24/2013 to have undergone lumbar medial branch block at the bilateral L3-4 medial branches and the L5 dorsal ramus at the sacral ala on 07/28/2013. A telephone follow up dated 07/18/2013 noted that the patient stated he had 100% relief following the last medial branch block.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar denervation on the left side **is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule, and Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 300-301, which are part of MTUS, and Official Disability Guidelines, Low Back Procedure Summary, which is not part of MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 300-301, which is part of MTUS, and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections), Facet joint radiofrequency neurotomy, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that while there is good quality medical literature demonstrating that radiofrequency of the facet joint nerve and cervical spine provide good temporary relief of pain, there are no similar quality literature existing regarding for the same procedure in the lumbar region, noting that lumbar facet neurotomies produced mixed results. Facet neurotomy should only be performed after appropriate investigation involving differential dorsal ramus medial branch diagnostic blocks. The procedure performed on 07/24/2013 was reported to be a bilateral L3-4 medial branch and L5 dorsal ramus blocks. Although the employee is reported to have had 100% relief of pain following the lumbar medial branch block, on 07/24/2013, as the employee underwent bilateral medial branch blocks it was impossible to tell whether the pain relief was from the right medial branch blocks or the left medial branch blocks. There is no documentation of physical exam findings of left facet-mediated pain. The requested left lumbar denervation does not meet guideline recommendations. **The request for Lumbar denervation on the left side is not medically necessary and appropriate.**

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