

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	6/15/1981
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011566

- 1) MAXIMUS Federal Services, Inc. has determined the request for **medial branch nerve block sacral S1-S3 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency bilateral L4, L5 and sacral ala is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 request for **medial branch nerve block sacral S1-S3 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency bilateral L4, L5 and sacral ala is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert 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 Orthopedic Surgery 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 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 53-year-old female injured on 6/15/81. The mechanism of injury is unclear; however, she has current chronic lumbar complaints. Recent records for review included a 7/22/13 progress report stating continued low back complaints of pain radiating to the left ankle, right ankle, and bilateral calves and thighs. Physical examination findings showed painful palpation to the left greater trochanter, buttock, and sacroiliac joint with lower extremity motor tone noted to be normal with diminished range of motion, full lower extremity strength and coordination with no sensory or reflexive changes noted. The claimant's diagnosis was post-laminectomy syndrome to the lumbar spine status post a spinal cord stimulator placement, chronic pain syndrome, and myositis. The recommendations at that time were for continuation of narcotic analgesics and also indicated that a recent "interventional procedure" to the low back has produced 80% response from a pain point of view. The claimant had a previous history of radiofrequency ablation procedures at the L4-5 and L5-S1 levels dating back as far as 2007. There was also indication of prior radiofrequency ablation procedures to the cervical spine as well as to the right and left occipital nerve area.

The current request is for medial branch blocks to be performed bilaterally at the S1 through S3 levels as well as radiofrequency ablation procedure bilaterally at the L4-5 and "sacral" levels to be performed.

## 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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### 1) Regarding the request for medial branch nerve block sacral S1-S3 :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18<sup>th</sup> Edition, 2013, Sacroiliac joint blocks, which is not part of the MTUS.

#### Rationale for the Decision:

The role of radiofrequency ablation procedures to the sacroiliac joint is not supported per Official Disability Guidelines criteria. There would be no acute indication for injection to this given area. It should also be indicated that the employee's physical examination findings are not indicative of specific sacroiliac joint pathology with three documented physical examination findings not present. **The request for medial branch nerve block sacral S1-S3 is not medically necessary and appropriate.**

### 2) Regarding the request for radiofrequency bilateral L4, L5 and sacral ala:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) , Treatment in Worker's Comp, 18<sup>th</sup> Edition, Treatment in Worker's Comp, 18<sup>th</sup> Edition, 2013, low back procedure, which is not part of the MTUS.

Rationale for the Decision:

When looking at Official Disability Guidelines criteria, radiofrequency ablation to the L4-5 and sacral levels would not be indicated. The employee's previous dates of radiofrequency ablation documentation of relief are not noted. This employee has clear evidence of a radicular process with prior spinal cord stimulator and current subjective complaints of bilateral leg pain. The need for this radiofrequency procedure from the clinical records for review would not be supported. **The request for radiofrequency bilateral L4, L5 and sacral ala 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,

Paul Manchester, MD, MPH  
Medical Director

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

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