

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	5/6/2012
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011616

- 1) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency medial branch neurotomy, right L2, L3, L4, L5, with fluoroscopy and IV sedation 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **radiofrequency medial branch neurotomy, right L2, L3, L4, L5, with fluoroscopy and IV sedation** 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 Physical Medicine and Rehabilitation 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:

The patient is a 52-year-old who reported a work-related injury on 05/06/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: chronic pain syndrome, cervical spondylosis, cervical spinal stenosis, lumbar disc displacement, lumbosacral spondylosis, and lumbosacral disc degeneration, and unspecified drug dependence. The MRI of the lumbar spine dated 11/28/2012, signed by Dr. [REDACTED], reveals: (1) a mild left neural foraminal narrowing at L2-3 and L3-4; (2) central and left paracentral disc protrusion measuring 3 mm AP at L5-S1 level was present and may result in left S1 nerve root impingement; (3) no central canal stenoses; (4) lower lumbar spine facet joint degenerative hypertrophy. Clinical note dated 07/01/2013 reports the patient's initial injury was due to strain as a result of an assault while performing her work duties. The provider documents the patient had lumbar medial branch blocks with good reduction in pain. The provider documents the patient reports sleep interruption due to pain, the patient is not exercising, and not utilizing tramadol regularly. The patient tried Cymbalta x3 days. The provider, Dr. [REDACTED], documents the patient's average rate of pain is at an 8/10. The patient utilizes Aleve, Lyrica, Motrin, Ultram, and naproxen. The provider documented upon physical exam of the patient's lumbar spine, tenderness to the bilateral facet joints was noted. Range of motion of the lumbar spine was noted to be at 40 degrees of flexion, 20 degrees of extension, and bilateral lateral rotation at 50 to 55 degrees. The patient had facet joint neural foraminal loading positive. The provider documented spine injections under fluoroscopy will be performed at the right L2-5, indicative of radiofrequency medial branch neurotomies with IV. Procedure report dated 03/12/2013 reports the patient did undergo right L2-5 lumbar medial branch blocks under the care of Dr. [REDACTED]. The clinical notes documentation, pre-procedure, the patient reported the pain was at an 8/10; and post procedure, the patient's pain was at 4/10.

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 radiofrequency medial branch neurotomy, right L2, L3, L4, L5, with fluoroscopy and IV sedation:

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 CA MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, Online Edition, Chapter 12) pg. 301, which is part of MTUS.

Rationale for the Decision:

After review of the clinical documentation submitted, it is unclear the employee's reports of specific efficacy status post the initial blocks rendered in 03/2013. The clinical notes failed to evidence the employee's duration of pain relief and objective functional improvements. California MTUS/ACOEM indicates, "facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks."

Additionally, Official Disability Guidelines indicate no more than 2 joint levels are to be performed at 1 time. The current request rendered is for 3 joint levels, which is excessive in nature. In addition, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, per Official Disability Guidelines. **The request for radiofrequency medial branch neurotomy, right L2, L3, L4, L5 with fluoroscopy and IV sedation is not medically necessary or 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, 18th Floor
Oakland, CA 94612

/sb

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.