

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/1/2013  
Date of Injury: 3/10/2008  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0011623

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 Orthopedic Surgery, is Fellowship Trained in Spine 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 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:

This is a 26-year-old female with documented date of injury 03/10/2008. She sustained pain to the neck and bilateral upper extremities. Most recent clinical assessment is from 07/24/2013 where the claimant saw Dr. [REDACTED] with regards to her ongoing complaints. Her pain was that of cervical pain with experiencing numbness and tingling with described radicular weakness to the right and left upper extremity. Formal physical examination performed showed weakness with grip strength at 4/5 with an intact sensory examination bilaterally. Dr. [REDACTED] noted she was with “transient paresthasias” to the bilateral upper extremities as well. Gait was normal. Tenderness was noted over the right trapezius and shoulder musculature to palpation. Current diagnoses on that date was of “exacerbation of axial cervical spine pain”, cervical facet mediated injury, left carpal tunnel syndrome, and lateral epicondylitis. It indicates the claimant is status post radiofrequency neurotomy performed on 09/22/2010 bilaterally at the C2, C3, C5 and C6 level and only on the right side at C4. A repeat rhizotomy was performed at the same levels on 09/01/2012 with greater than 80% improvement noted of her pain related complaints. The request at that time was for a repeat radiofrequency neurolysis of the cervical spine at the above mentioned levels. No prior surgical history has taken place to date.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Radiofrequency cervical C2-C6 bilaterally is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), which is part of the MTUS, and Official Disability Guidelines, Neck and Upper Back Chapter, regarding Facet Joint radiofrequency neurotomy, 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 Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Neck and Upper Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

State of California ACOEM Guidelines are silent regarding specific criteria to radiofrequency ablation to the cervical spine. California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), do not adequately address RFA. When referencing ODG criteria, procedure would not be supported. Specific criteria for use of a cervical facet radiofrequency neurotomy would include that no more than 2 joint levels would be performed in any setting. Request in this case is for the levels of C2 through C6 bilaterally with only C4 on the right (not the left) being utilized. This would exceed 2 levels and would not be supported by clinical guidelines. Furthermore, it should be noted the employee's recent physical examination of 07/24/2013 with noted bilateral grip strength reduction and "transient paresthesias" consistent with radiculopathy findings. Treatment guidelines for radiofrequency neurotomy indicate that a diagnosis of facet joint pain also be noted. Direct contraindication to the use of facet joint injections is a radicular process. Given the employee's radicular findings, the need for this treatment modality also would not be indicated. While given the employee's previous response to the procedure in the past, the number of sessions that exceed 2 and the evidence of a radicular process would fail to necessitate the procedure at this time. **The request for radiofrequency cervical C2-C6 bilaterally is not medically necessary and appropriate.**

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.

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[REDACTED]  
[REDACTED]

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