

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 3/6/2012
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011902

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, 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:

43 yo male injured back in March 2012. Mechanism is not documented in the chart. MRI shows 2 level degenerative changes at L4-5 and L5-S1 with some stenosis and disc bulges. Physical exam does not demonstrate radiculopathy, but shows decreased and painful lumbar range of motion. Patient had initial medial brace blocks with 20% documented relief of symptoms. At issue is whether or not another medial branch block is medically needed.

IMR DECISION(S) AND RATIONALE(S)

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

1. Fluoroscopically guided bilateral L4-L5 and L5-S1 facet joint rhizotomy is not medically necessary and appropriate.

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

The Physician 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 Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This employee has chronic axial back pain. The MRI-documented 2 –level degenerative back changes at both L4-5 and L5-S1. The employee has already had bilateral medial branch blocks of the facet joints at both levels on June 19th 2013 with only 20th % relief of symptoms documented in the chart after the injection. As per ODG Guidelines, the employee did not have initial 70% relief of pain symptoms and documented at least 50% 6-week duration relief. The employee does

not meet established criteria for continued therapeutic injection treatments. They are not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief. The request for Fluoroscopically guided bilateral L4-L5 and L5-S1 facet joint rhizotomy **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.

[REDACTED]

CM13-0011902