

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

December 18, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 12/18/2010  
IMR Application Received: 8/16/2013  
MAXIMUS Case Number: CM13-0012186

Dear Mr./Ms. [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: OVERTURN. This means we decided that all 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 Orthopaedic Surgery, has a subspecialty certificate in 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 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 49-year-old female who sustained an occupational injury on 12/18/2010. The patient's current diagnoses include left lumbar facet pain and left knee pain. The patient's treatment history has included a left knee intra-articular injection on 03/13/2013, medications and diagnostics. The most recent documentation submitted from 07/09/2013 indicated that the patient had subjective complaints of low back pain and left knee pain. Furthermore, the patient indicated that her back pain continued to be significant since her LRF wore off. However, the physician indicated that the medications and have injections have kept the pain well-managed; but without RF, the pain had been more intense. Objective documentation indicated that the patient had pain with extension to the lumbar spine with tender lumbar facet joints as well as discomfort with flexion and extension at the left knee. The patient's current medications included MSIR 15 mg 1 by mouth twice a day as needed severe pain, Norco 10/325 mg 1 to 2 every 4 to 6 hours as needed for pain, diazepam as needed for muscle spasms and Voltaren gel 1% to be applied to the knee 4 times daily.

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

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

**1. Outpatient left lumbar radiofrequency at the L4-5 and L5-S1 levels. is medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12,

pg.301, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS/ACOEM indicates that local injections and facet joint injections of cortisone and lidocaine are of questionable merit. It goes on to indicate that good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine does provide good temporary relief of pain. However, similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Given that the California MTUS/ACOEM is silent on the issue of repeat radiofrequency neurotomy of the facet joints, the Official Disability Guidelines were referenced, which indicate that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. According to the documentation submitted for review from 05/16/2013, the employee indicates that low back pain is still bothersome and that the employee was previously treated with lumbar radiofrequency neurotomy which provided 70% relief of the low back pain, and provided increased functional capabilities and, over-all, improved her quality of life. Furthermore, there is evidence in the note from 07/09/2013 that the employee's use of pain medications has increased since the previous RF neurotomy wore off which would indicate a decrease in pain meds secondary to the positive effects of the previous neurotomies. Given that this request is for a repeat neurotomy with documentation indicating the previous neurotomy was greater than six months ago and the employee's pain relief met guideline criteria as stated above, this request for a repeat neurotomy is now certified. **The request for outpatient left lumbar radiofrequency at the L4-5 and L5-S1 levels. is 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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