

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/15/2013

Date of Injury:

9/25/1991

IMR Application Received:

8/27/2013

MAXIMUS Case Number:

CM13-0017979

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral L4-L5, L5-S1 radiofrequency rhizotomy with [REDACTED]** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/27/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **bilateral L4-L5, L5-S1 radiofrequency rhizotomy with [REDACTED]** 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 74-year-old female who was injured while performing work-related duties on 9/25/1991. She is status post L4-5 decompressive laminectomy and discectomy in Oct. 1994. Documentation submitted indicates she has had L4-5 epidural injection in June of 2011. She had L3-S1 facet injections in August 2011. In January of 2012 she had lumbar medial branch blocks. Additionally she had a lumbar radiofrequency ablation bilaterally L3-S1 in February of 2012. She is diagnosed as having L2-S1 facet arthropathy, In addition to the above injections she has received various treatments of physical therapy, and various medications. She also has had bilateral L4,L5, S1 medial branch blocks on 8/2/13. She participates in a home exercise program. The patient was denied bilateral L4-5, L5-S1 radiofrequency rhizotomy and is appealing this decision. The reason for prior denial was there is no documentation of at least one set of diagnostic medial branch block of a response of 70%. Per 12/26/12 documentation from [REDACTED] patient demonstrated only 2-3 months relief after her prior radiofrequency neurotomy in February 2012 by [REDACTED]. The documentation states that patient has had a bilateral L3-S1 radiofrequency neurotomy on 2/7/12 with 85% relief after one month, increased pain after 2 months, and at 3 months patient is back to preprocedure level pain. Another document submitted 8/25/13 by [REDACTED] states that there is no knowledge of patient having had a prior radiofrequency neurotomy in the past. There is a document from 6/29/12 submitted by [REDACTED] group requesting facet injections which documents that "rhizotomy did not work." There is documentation of a lumbar rhizotomy performed at [REDACTED] on 9/17/13 on right and left L3,4,5. The issue presented is whether bilateral L4-5 and L5-S1 radiofrequency rhizotomy is medically necessary.

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:

- [REDACTED]

1) Regarding the request for bilateral L4-L5, L5-S1 radiofrequency rhizotomy with [REDACTED]:

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 ACOEM guidelines, page 300-30, which is part of the MTUS and the Official Disability Guidelines (ODG), Facet Joint Radiofrequency Neurotomy and Diagnostic Blocks, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 300-301, 309-310, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back, Facet Joint radiofrequency neurotomy, which is not part of the MTUS.

Rationale for the Decision:

The MTUS ACOEM Guidelines state there is no quality literature existing regarding the use of radiofrequency neurotomy of facet joint nerves in the lumbar region. The ODG guidelines indicate that, “ A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief.” The documentation submitted for review indicates the employee had a bilateral L3-S1 radiofrequency neurotomy on 2/7/12 with 85% relief after one month, increased pain after 2 months, and at 3 months patient is back to preprocedure level pain. The records do not indicate at least a 12 week duration of pain relief from prior radiofrequency ablation. **The request for bilateral L4-L5, L5-S1 radiofrequency rhizotomy with [REDACTED] 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, 18th Floor
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/cmol

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.