

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/9/2013  
Date of Injury: 1/3/2006  
IMR Application Received: 8/29/2013  
MAXIMUS Case Number: CM13-0018025

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C2-C3 cervical radiofrequency under fluoroscopic guidance/ interpretation of radiograph films is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op follow-up visit is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/9/2013. 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 **C2-C3 cervical radiofrequency under fluoroscopic guidance/ interpretation of radiograph films is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op follow-up visit 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 Anesthesiology, has a subspecialty in Pain Management 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 claimant is a 58 year old male presenting with chronic neck pain following a work related injury. He is status post posterior cervical foraminotomy, discectomy, and fusion. His physical exam reveals significant for severe pain above his foraminotomy and in the nuchal ridge radiating along the dermatomes of the greater and lesser occipital nerves. The claimant has been diagnosed with cervical facet arthropathy. The claimant has received physical therapy and C2-3 cervical facet injections. The claimant has reported a 50% reduction in his pain following the procedure. The provider has recommended cervical facet rhizotomy. The request is for authorization for C2-C3 cervical radiofrequency under fluoroscopic guidance/ interpretation of radiograph films and postoperative follow up visit.

### **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 C2-C3 cervical radiofrequency under fluoroscopic guidance/ interpretation of radiograph films:**

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 ACEOM Guidelines, pg. 300-301, ASIPP Practice Guidelines, and ODG Treatment Guidelines, which are not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 300, which is part of MTUS, and Gofeld, M. et al. (2007). Radiofrequency Denervation of the Lumbar Zygapophyseal Joints: 10-Year Prospective Clinical Audit. *Pain Physician*, 10, 291-299, which is not part of MTUS.

Rationale for the Decision:

According to the clinical documentation submitted for review, the employee reported only a 50% reduction in pain following the cervical facet injections. Per MTUS/ACOEM guidelines, at least a 70% reduction in pain following diagnostic blocks is needed to validate a subsequent radiofrequency. Moreover, the guidelines indicate that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The guidelines states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. **The request for C2-C3 cervical radiofrequency under fluoroscopic guidance/ interpretation of radiograph films is not medically necessary and appropriate.**

**2) Regarding the request for post-op follow-up visit:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The follow-up office visit is not medically necessary given the procedure associated with the follow-up visit is not medically necessary as well. The CA MTUS does not provide a statement on follow-up visits or procedure follow-ups. In regards to the peer-reviewed literature to provide evidence for the rationale presented, Niemisto et al. (*Spine*, 2003) performed a prospective randomized controlled trial to examine the effectiveness of combined manipulative treatment, stabilizing exercises, and physician consultation compared with physician consultation alone for chronic low back pain. The authors concluded that the manipulative treatment with stabilizing exercises was more effective in reducing

pain intensity and disability than the physician consultation alone. The present study showed that short, specific treatment programs with proper patient information may alter the course of chronic pain. **The request for post-op follow-up visit 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.