
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 2/28/2009
IMR Application Received: 7/9/2013
MAXIMUS Case Number: CM13-0001094

- 1) MAXIMUS Federal Services, Inc. has determined the request for a medial branch block bilaterally C2-C3 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a follow-up visit **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 a medial branch block bilaterally C2-C3 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a follow-up visit **is 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, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013.

“Review of the medical documentation identifies the claimant sustained an industrial injury on 02/28/09. The claimant has been under the care of treating physician for status post anterior cervical discectomy and fusion CS-6 on 03/03/11, facet arthropathy, major depressive disorder, status post right carpal tunnel release, status post tight shoulder arthroscopy, and atrial fibrillation. The most recent PR-2 note dated 05/30/13 is provided for review. The claimant presented with complaints of neck pain rated at 7-8/10. He continues to have upper extremity symptoms. The claimant has not yet had clearance from his cardiologist regarding medial branch blocks. Objective findings reveal positive tenderness to palpation of the cervical paraspinals, left trapezius tenderness, decreased range of motion of the cervical spine with pain upon extension. There is decreased sensation in the left C6, C7, and C8 dermatomes. Motor exam is 5-/5 for left wrist extensors and flexors and positive Spurling's bilaterally. It was recommended the claimant undergo a medial branch block at bilateral C2-C3. Medications were prescribed. AME report and MRI are referenced; however, these reports are not provided for review.”

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:



1) Regarding the request for medial branch block bilaterally C2-C3:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter - Facet joint diagnostic blocks (injections), which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the requested treatment. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Neck Chapter – Facet joint injections, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/28/09. Medical records submitted and reviewed show the employee continues to experience neck pain. Treatment has included modified activities, home exercise program, and oral analgesics. The request is for medial branch block, bilaterally at C2-C3, Tizanidine 4mg, and a follow up visit.

Official Disability Guidelines (ODG) limit medial branch blocks for cervical pain that is non-radicular. The medical records reviewed appear to indicate positive radicular symptoms down the C6,7,8 distributions. The employee reports pain at the C2/3 level and has pain with cervical extension and extending to the suboccipital region. ODG states the diagnosis of facet syndrome can only be by injection as the history, exam, and imaging findings do not produce consistent results. The request for a medial branch block, bilaterally at C2-C3 is medically necessary and appropriate.

2) Regarding the request for Tizanidine 4mg #90:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), pg. 63, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, pg. 11, 66, which is part of the California Medical Treatment Utilization Schedule (MTUS), relevant and appropriate to the issue at dispute.

Rationale for the Decision:

The employee was injured on 2/28/09. Medical records submitted and reviewed show the employee continues to experience pain in the upper extremities. Treatment has included modified activities, home exercise program, and oral analgesics. The request is for medial branch blocks, bilaterally at C2-C3, Tizanidine 4mg, and a follow up visit.

Chronic Pain Medical Treatment Guidelines specifically discuss Zanaflex (tizanidine), and recommend liver function testing at 1, 3, and 6 months of use. This suggests that the utilization of Zanaflex for a 6-month period would not be unreasonable, and six months would not be considered 'short-term' use. The records provided document that at each follow-up visit there is discussion on the effectiveness and side effects of all medications prescribed. The request for Tizanidine 4mg #90 is medically necessary and appropriate.

3) Regarding the request for Follow-up visit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter – Office Visits, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pg 88-89, which is part of the California Medical Treatment Utilization Schedule (MTUS), relevant and appropriate to the issue at dispute.

Rationale for the Decision:

The employee was injured on 2/28/09. Medical records submitted and reviewed show the employee continues to experience pain in the upper extremities. Treatment has included modified activities, home exercise program, and oral analgesics. The request is for medial branch blocks, bilaterally at C2-C3, Tizanidine 4mg, and a follow up visit.

Chronic Pain Medical Treatment Guidelines state there is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication with recommended duration between visits from 1 to 6 months. A follow-up visit is required under MTUS as the treating physician must monitor the use of the opiate analgesic and Zanaflex. The request for a follow-up visit is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/ldh

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.