
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

7/3/2013

Date of Injury:

5/16/1997

IMR Application Received:

7/12/2013

MAXIMUS Case Number:

CM13-0001307

- 1) MAXIMUS Federal Services, Inc. has determined the request for one (1) radiofrequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy (to be performed [REDACTED]) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 one (1) radiofrequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy ([REDACTED]) 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 Neurology, 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 3, 2013.

"The patient is a 57 year old female with a date of injury of 5/16/1997. Under consideration is a prospective request for: one radio frequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy by [REDACTED], MD; and one re-evaluation with [REDACTED], MD."

"Review of submitted records indicates the patient is being treated for chronic neck and lower back pain. Per the evaluation by Dr. [REDACTED] on 6/20/2013, the patient's relevant subjective findings included: back stiffness; numbness and tingling right arm; radicular pain right arm; stiffness and pain; chest pain; turning neck to the left and right worsens condition; pain is aching, burning, sharp and shooting; and severity 6."

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/3/13)
- Employee's Medical Records by [REDACTED] MD (dated 7/18/12)
- Employee's Medical Records by [REDACTED] MD (dated 8/8/12 thru 7/3/13)
- Employee's Medical Records by [REDACTED] (dated 10/29/12)
- Employee's Medical Records by [REDACTED] (dated 11/14/12)

- Employee's Medical Records by [REDACTED] (dated 12/10/12 thru 2/27/13)
- Employee's Medical Records by [REDACTED] MD (dated 1/29/13)
- Employee's Medical Records by [REDACTED] dated 4/11/13)
- Neck and Upper Back Complaint, (ACOEM), 2^d Edition (2004), Chapter 8, pg 174
- Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint radiofrequency neurotomy

1) Regarding the request for one (1) radiofrequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy (to be performed at [REDACTED] :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaint, Chapter 8, pg 174, 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 guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/16/97 and is experiencing chronic neck and lower back pain. Medical records submitted and reviewed indicate that a prior radiofrequency (RF) procedure in 2011 gave the employee 90% improvement in axial spinal pain and cervicogenic headaches. The employee had another RF procedure in 2012 which was not as effective but did give ongoing headache relief. The employee is currently taking Amrix, Cymbalta, Hydrochlorothiazide tablets, Lidoderm, Lipitor, and Percocet. The request is for one (1) radiofrequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy (to be performed at [REDACTED]).

ACOEM guidelines indicate RF neurotomy can be helpful in reducing cervical facet pain, with relief lasting on average 8-9 months. Medical records submitted and reviewed support that this treatment has been beneficial in the past. The request for one (1) radiofrequency neurolysis of the medial branches bilaterally at C3, C4 and C5 under fluoroscopy (to be performed at [REDACTED]) 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/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.