

---

**Notice of Independent Medical Review Determination**

Dated: 9/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
7/9/2013

11/23/2007

7/16/2013

CM13-0001652

- 1) MAXIMUS Federal Services, Inc. has determined the requested radiofrequency ablation of the facet joints lumbar area right side L1-L2, L2-L3 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested radiofrequency ablation of the facet joints lumbar area right side L1-L2, L2-L3 **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, 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 September 9, 2013:

"According the Medical Report on 6/27/13 by Dr. [REDACTED], the patient complained of right-sided midback pain. On exam, the patient had significant tenderness over right L1-L2, L2-L3 facet area, and facet loading was positive for pain in that region. The patient was diagnosed with failed back surgery syndrome and lumbar facet arthropathy, L1-L2, L2-L3, right side."

### **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 (dated 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/9/2013)

NOTE: No medical records were submitted timely by the claims administrator.

- 1) **Regarding the request for radiofrequency ablation of the facet joints lumbar area right side L1-L2, L2-L3:**

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

The Claims Administrator based its decision on the Low Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 300, which is part of the Medical Treatment Utilization Schedule (MTUS) as well as the Official Disability Guidelines (ODG) Low Back-Facet joint radiofrequency

neurotomy, which is a Medical Treatment Guideline (MTG), but not part of 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 sustained a work-related injury on November 23, 2007 to the back. The medical records provided for review indicate a diagnosis of failed back surgery syndrome, and lower back arthritis. The medical report of June 27, 2013 documents right-sided mid-back pain. There was tenderness over the right lower back area. Treatments have included pain medication, caudal epidural steroid injection, rhizotomy (procedure performed on the lower spine), and two lower back injections. The request is for radiofrequency ablation of the facet joints lumbar area right side L1-L2, L2-L3.

The MTUS ACOEM guidelines indicate literature does not exist to demonstrate radiofrequency neurotomy of facet joint nerves in the lower back provides temporary relief of pain, and state the procedure should be performed only after appropriate investigation involving medial branch diagnostic blocks. The medical records provided for review do not confirm success of medial branch blocks or success of any previous rhizotomy which would meet guideline criteria for radiofrequency ablation of the facet joints of the lumbar spine. The request for radiofrequency ablation of the facet joints, lumbar area right side L1-L2, L2-L3 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;

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

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sh

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.