
Notice of Independent Medical Review Determination

Dated: 8/29/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

1/23/2008

7/16/2013

CM13-0001771

- 1) MAXIMUS Federal Services, Inc. has determined the request for radio frequency ablation (RFA) of right sacral alar, S1, S2, S3, S4, S5 **is 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 radio frequency ablation (RFA) of right sacral alar, S1, S2, S3, S4, S5 **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 Pain 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 2, 2013.

“According to the records made available for review, this is a 48-year-old female patient, s/p injury 1/23/08. The patient most recently (6/10/13) presented with low back pain. Her pain level has increased since last visit and interferes with her sleep. Physical examination of the lumbar spine revealed restricted ROM with pain, TTP of the paravertebral muscles, spasm, and tailbone pain. Rationale for appeal includes documentation that the patient has previously received RFA of the right sacral S1, S2, S3, and S4 with significantly decreased pain for over a year (per 6/10/13 medical report). Current diagnoses include sacroiliitis, sacroiliac pain, lumbar facet syndrome, and low back pain. Treatment to date includes left sacral S1, S2, S3, and S4 medial branch RFA 5/30/12, right sacral S1, S2, S3, and S4 medial branch RFA 2/29/12, right sacral MBB S1, S2, S3, and S4 1/11/12, right SI joint injection, medications, HEP, and TENS.

“Treatment requested at the time of the 6/10/13 determination included RFA of right sacral Alae, S1, S2, S3, S4, S5. An appeal is requested.”

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 7/2/13)

- Request for Authorization for Medical Treatment (dated 6/19/13, 5/28/13)
- Lab Reports by [REDACTED] (dated 11/16/12, 7/20/12)
- Employee's Medical Records by [REDACTED] (dated 7/1/13 thru 6/4/12)
- Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radio frequency neurotomy

1) Regarding the request for radio frequency ablation (RFA) of right sacral alar, S1, S2, S3, S4, S5:

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), Hip and Pelvis Chapter, which is a medical treatment guideline that 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 stated no section of the MTUS was applicable and relevant to the issue at dispute. 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 1/23/08. Medical records submitted and reviewed indicate the employee presents with low back pain. Her pain level has increased and interferes with her sleep. Treatment to date includes prescribed medications, home exercise, left sacral S1, S2, S3, and S4 medial branch radio frequency ablation (RFA), right sacral SI, S2, S3, and S4 medial branch RFA, right sacral medial branch block (MBB) S1, S2, S3, and S4, right sacroiliac (SI) joint injection, medications, home exercise program (HEP), and TENS. The request is for radio frequency ablation (RFA) of right sacral alar, S1, S2, S3, S4, S5.

The ODG, Hip and Pelvis chapter states that SI joint RFA is not indicated. In this case, the employee has already received two RFA's in the past, which improved symptoms and allowed her to continue working. The employee's last radiofrequency was more than a year ago. Medial branch nerves typically regrow within 6-12 months. The request for radio frequency ablation (RFA) of right sacral alar, S1, S2, S3, S4, S5 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.