

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	11/18/2010
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001958

- 1) MAXIMUS Federal Services, Inc. has determined the request for confirmatory right C2-3 facet medial branch nerve confirmatory injection **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 confirmatory right C2-3 facet medial branch nerve confirmatory injection **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.

### **Expert Reviewer Case Summary:**

The patient is a 45-year-old female who reported injury on 10/27/2011. The initial chiropractic evaluation states the patient was injured on 11/18/2010 from a cumulative trauma and was involved in a motor vehicle accident while being driven for medical treatment. Per the followup report of [REDACTED], MD, the reported date of injury was 10/27/2011. The patient was noted to have a diagnostic C2-3 intraarticular zygapophyseal facet steroid local injection on 05/10/2013. The office note dated 05/29/2013 revealed that the patient has continuing neck pain with radiculopathy in the right upper extremity with numbness, tingling, and weakness. The patient stated she was seen by Dr. [REDACTED], who was the patient's management physician, and he provided the patient with a series of cervical epidural injections. The patient indicated that the injections helped reduce her pain and increase her range of motion; however, her pain was noted to have recurred and she was noted to be symptomatic. The patient was noted to have spasm, tenderness, and guarding in the paravertebral muscles of the cervical spine along with decreased range of motion, and a decreased dermatomal sensation with pain was noted over the right C6 dermatome. The patient was noted to have difficulties with her activities of daily living. The PR2 dated 06/04/2013 revealed the patient had a right diagnostic C2-3 intraarticular facet injection on 05/10/2013. The patient stated the right cervicogenic headaches reduced from 8/10 to 9/10 average the week before the injection to no headache upon discharge after the injection. The patient stated the headache gradually returned over the next 2 days. The patient reported medications reduced pain levels from 9/10 to 5/10, and remain effective with no significant side effects. Physical examination of the cervical spine revealed tenderness of the sternocleidomastoid, the supraclavicular fossa, and the levator scapula on the right. Soft tissue palpation on the left revealed tenderness of the paracervicals and the trapezius. Neurologically, the patient was noted to have diminished biceps reflex bilaterally, diminished brachioradialis reflex, diminished triceps reflex bilaterally, and was noted to have C6 decreased sensation on the radial forearm, thumb, and index

finger, and C8 decreased sensation on the 4th and 5th digits, the ulnar hand, and the distal forearm. The diagnoses were stated to include brachial neuritis or radiculitis NOS, displacement of cervical intervertebral disc without myelopathy, and cervicalgia. The patient was noted to have undergone a diagnostic right C2-3 intraarticular facet injection by Dr. [REDACTED] on 05/10/2013, with a reduction in the cervicogenic headaches upon discharge after the injection. The patient stated the headaches returned over the next 2 days, but she states it is less than prior to the diagnostic injection. The request was made for a confirmatory right C2-3 facet medial branch nerve injection.

#### **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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for confirmatory right C2-3 facet medial branch nerve confirmatory injection:**

##### 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 ODG guidelines web 2012 “neck, upper back”, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Online Version Facet Joint and Diagnostic Blocks, which is not a part of the MTUS.

##### Rationale for the Decision:

CAMTUS Guidelines do not address this issue. Official Disability Guidelines recommend a diagnostic block for facet nerve pain with a clinical presentation of facet joint pain, signs and symptoms. A review of the records provided indicates, neurologically, the employee was noted to have diminished biceps reflex bilaterally, diminished brachioradialis reflex, diminished triceps reflex bilaterally, and was noted to have C6 decreased sensation on the radial forearm, thumb, and index finger, and C8 decreased sensation on the 4th and 5th digits, the ulnar hand, and the distal forearm. The diagnoses were stated to include brachial neuritis or radiculitis NOS, displacement of cervical intervertebral disc without myelopathy, and cervicalgia. The clinical documentation submitted for review fails to provide that the employee has signs and symptoms of facet joint pain as the pain, including the decreased sensations, are noted be radicular in nature.

**The request for a confirmatory right C2-3 facet medial branch nerve block with confirmatory injections 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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