
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 3/30/2005
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002178

- 1) MAXIMUS Federal Services, Inc. has determined the request for radiofrequency neurolysis of the C-spine at C3,4,5,6,& 7 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10 mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Nexium 40 mg #60 **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 radiofrequency neurolysis of the C-spine at C3,4,5,6,& 7 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 10 mg #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Nexium 40 mg #60 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent expert reviewer 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 & 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 8, 2013:

“This 62-year-old female sustained industrial injury on March 30, 2005.

The claimant has chronic cervicgia, predominant left more than right upper extremity radiculopathic referred pain. The claimant has chronic lumbar backache, bilateral lower extremity radicular pain, recurrent myofascial strain and intermittent exacerbations involving both the affected body parts. She also has reactive anxiety and depression. She is dependent on medications Norco, Wellbutrin, Nexium, Flexeril, Colace, Butrans patches for symptomatic relief.

A clinical examination of May 29, 2013 documents painful restricted cervical and lumbar range of movements. There is tenderness over cervical facet joints bilaterally from C2 to C6 levels with myospasm and triggering and palpation of multiple bands. The provider also documents bilateral L3-IA, L4-LS, L5-S1 facet tenderness positive Gaenslen's test over the sacroiliac joint. She was also given a diagnosis of posttraumatic stress disorder, cervical and lumbar facet arthropathy. The claimant was received transforaminal epidural steroid injections in the past providing her with substantial therapeutic benefit In April 2008 and in February 2008, the claimant has received

cervical radiofrequency neurotomy procedures on the right and the left side at C3-C4, C5-C6, C6-C7 levels with documented excellent pain relief.”

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 (received 07/18/2013)
- Utilization Review Determination from [REDACTED] (dated 07/08/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for radiofrequency neurolysis of the C-spine at C3,4,5,6,& 7 :

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), (current version), Upper Back and Neck Chapter, Facet Radiofrequency Neurotomy, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no part of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 3/30/05. The medical records provided for review indicate diagnoses of posttraumatic stress disorder, cervical and lumbar facet arthropathy. The records indicate treatments have included epidural steroid injections, cervical radiofrequency neurotomy procedures, and medication management. The request is for neurolysis of the C-spine at C3, 4, 5, 6, & 7.

The Official Disability Guidelines note that cervical facet radiofrequency neurotomy is understudy with conflicting evidence as to the efficacy of this procedure. The guidelines state criteria for this procedure include: documented diagnosis of facet joint pain, no more than two joint levels are to be performed at one time, repeat neurotomies should be at an interval of less than 6 months from the first procedure, duration of effect after the first neurotomy should be documents for at least 12 weeks of relief equal to or greater than 50%, and no more than 3 procedures should be performed in a year’s period. The reviewed records do not indicate the efficacy of the previous radiofrequency procedure and the request exceeds guideline recommendations for number of joint levels to be performed at one time. The request for neurolysis of the C-spine at C3, 4, 5, 6, & 7 **is not medically necessary and appropriate.**

2) Regarding the request for Flexeril 10 mg #60:

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 (2009), Muscle relaxants (for pain), page 63, which is a part of 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 (2009), Muscle relaxants (for pain), page 63-64, which is a part of MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 3/30/05. The medical records provided for review indicate diagnoses of posttraumatic stress disorder, cervical and lumbar facet arthropathy. The records indicate treatments have included epidural steroid injections, cervical radiofrequency neurotomy procedures, and medication management. The request is for Flexieril 10 mg #60.

MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants (Flexeril) with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Per the guidelines, chronic usage increases the propensity for side effects. The medical records provided for review do not indicate the employee is experiencing an acute exacerbation of chronic back pain. The request for Flexeril 10 mg #60 **is not medically necessary and appropriate.**

3) Regarding the request for Nexium 40 mg #60:

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 (2009), NSAIDs, GI symptoms & cardiovascular risk, page 68, which is a part of 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 (2009), NSAIDs, GI symptoms & cardiovascular risk, page 68-69, part of MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 3/30/05. The medical records provided for review indicate diagnoses of posttraumatic stress disorder, cervical and lumbar facet arthropathy. The records indicate treatments have included epidural steroid injections, cervical radiofrequency neurotomy procedures, and medication management. The request is for Nexium 40 mg #60.

MTUS Chronic Pain Guidelines recommend Nexium (proton pump inhibitor (PPI)) in patients at risk of gastrointestinal (GI) events or on a high dose of nonsteroidal anti-inflammatory drugs (NSAIDs). In this case, the submitted medical records do not indicate if the employee has been diagnosed with gastroesophageal reflux

disease (GERD) or ulcerative disease, and there are no documented secondary GI side effects subsequent to prolonged use of multiple medications. The request for Nexium 40 mg #60 **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, 18th Floor
Oakland, CA 94612

/hs

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.