
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	12/14/2000
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002499

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Dilaudid 8mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a radiofrequency ablation under fluoroscopic guidance and monitored anesthesia **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 a prescription of Dilaudid 8mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a radiofrequency ablation under fluoroscopic guidance and monitored anesthesia **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 Preventative Medicine and Occupational Medicine 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 12, 2013:

“The patient is a 47 year old female with a date of injury of 12/14/2000. The provider has submitted prospective requests for 1 prescription of Dilaudid 8mg #120, 1 urine toxicology screening and 1 radiofrequency ablation under fluoroscopic guidance and monitored anesthesia.”

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 7/22/2013)
- Utilization Review from [REDACTED] (dated 7/11/2013)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one (1) prescription of Dilaudid 8mg #120:

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), Opioids Section, 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 12/14/2000 and presents with chronic low back pain. The employee has been treated with analgesic medications and multiple medial branch block procedures. The employee is taking Dilaudid 8mg up to four times daily for pain relief, which has allowed the employee to maintain function and continue performance of activities of daily living despite trying and failing treatment with numerous other analgesic medications. The employee's pain is rated 6/10 with medications and 10/10 without medications. A request was submitted for a prescription of Dilaudid 8mg #120.

The MTUS Chronic Pain Medical Treatment Guidelines recommend continuation of opioids with evidence of successful return to work, or if the patient has improved functioning and reduced pain. The patient consistently reports improved function, improved mobility, and improved performance of activities of daily living through prior usage of Dilaudid. She further states that her pain score is falling from 10/10 without medications and 6/10 with medications. In addition, the requested medication is 128 morphine equivalents per day, which is consistent with MTUS guidelines. The request for one (1) prescription of Dilaudid 8mg #120 is medically necessary and appropriate.

2) Regarding the request for one (1) radiofrequency ablation under fluoroscopic guidance and monitored anesthesia:

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), Facet Joint Radiofrequency Neurotomy Section, which is a medical treatment guideline (MTG) 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 relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 12, which is part of the California MTUS.

Rationale for the Decision:

The employee was injured on 12/14/2000 and presents with chronic low back pain. The employee has been treated with analgesic medications and multiple medial branch block procedures. The employee is taking Dilaudid 8mg up to four times daily for pain relief, which has allowed the employee to maintain function and continue performance of activities of daily living despite trying and failing

treatment with numerous other analgesic medications. The employee's pain is rated 6/10 with medications and 10/10 without medications. A request was submitted for a radiofrequency ablation under fluoroscopic guidance and monitored anesthesia.

The ACOEM Guidelines indicate that there is no high quality literature endorsing radiofrequency neurotomies/radiofrequency ablation procedures, involving the lumbar region. The ACOEM Guidelines suggest that facet joint injections and related procedures, such as radiofrequency ablation procedures, are not recommended. The records submitted and reviewed indicate the employee has had prior radiofrequency ablation procedures/medial branch blocks/facet joint injections. However, there is no documentation of functional improvement with the prior radiofrequency ablation procedures/facet joint blocks. The employee has failed to return to work and has failed to exhibit any evidence of functional improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment. She continues to use multiple analgesic medications, which does not demonstrate diminished reliance on medical treatment. The request for a radiofrequency ablation under fluoroscopic guidance and monitored anesthesia 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

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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.