

---

**Notice of Independent Medical Review Determination**

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

11/10/2010

7/23/2013

CM13-0002745

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical diagnostic medial branch blocks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for repeat lumbar radiofrequency ablation **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 cervical diagnostic medial branch blocks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for repeat lumbar radiofrequency ablation **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 July 19, 2013:

**CLINICAL SUMMARY:** [REDACTED] is a 58 year old female [REDACTED] who on 11/12/2010 lifted a paperback book about the size of a magazine to straighten out the books with pinching and lifting movements, had sudden right hand, wrist and forearm pain without numbness and tingling. The carrier has accepted the low back, right shoulder and neck.

Subjective: Posterior cervical pain and bilateral hand numbness/tingling; intermittent bilateral upper extremity pain; low back pain. Had great response to lumbar RF performed in Dec. 2012, pain now returning. Didn't have much improvement with cervical epidural injection last year. Objective: Lumbar spine ROM is normal. SLR negative. Plan: It appears to be time to repeat the lumbar RF as the low back pain is beginning to return. Her cervical pain is well localized to the posterior cervical area with little radiation into the periscapular areas or upper extremities. She deserves diagnostic cervical medial branch nerve blocks to see if she is a candidate for cervical radiofrequency ablation. Recommends diagnostic cervical medial branch nerve blocks bilateral C4-6 and repeat lumbar radiofrequency ablation (consider bilateral L2-5 instead of L3-5 as last time).

## **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:

### **1) Regarding the request for cervical diagnostic medial branch blocks:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints pgs.174-175 which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint pain, signs and symptoms, a medical treatment guideline which is not part of the 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 24, 2004, resulting in injury to the employee's lower back, neck and right shoulder. Medical records provided for review indicate treatment has included cervical epidural injections and previous radio frequency ablation at L3-5. The request is for cervical diagnostic medial branch blocks

While MTUS ACOEM guidelines to address the issue of medial branch blocks, they do not list specifics. The Official Disability Guidelines require identification of facet joint potential problems with physical examination. According to the medical records provided for review there is no mention of paravertebral tenderness or facet tenderness with palpation over the levels in question. The request for cervical diagnostic medial branch blocks **is not medically necessary and appropriate.**

### **2) Regarding the request for repeat lumbar radiofrequency ablation:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, pg. 300 which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG), Neck and Upper Back, Facet joint radiofrequency Neurotomy. a medical treatment guideline which is not part of the 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 24, 2004, resulting in injury to the employee's lower back, neck and right shoulder. Medical records

provided for review indicate treatment has included cervical epidural injections and previous radio frequency ablation at L3-5. The request is for repeat lumbar radiofrequency ablation

While MTUS ACOEM guidelines to address the issue of lumbar radiofrequency ablation, they do not list specifics. The Official Disability Guidelines indicate that 50% or more reduction of pain relief is required for repeat procedure and for an intervention to be considered successful *functional improvements* must be documented . The medical records reviewed indicate an L3-5 bilateral radiofrequency ablation was done on 12/28/12. On 2/21/12, there is documentation that indicates the patient still has back pain and no documentation as to how much improvement in terms of percentage. The records also documented that the employee subjectively felt better, “but not able to increase any functional activities...” Based on the medical records reviewed, guideline criteria for a repeat procedure have not been met. The request for repeat lumbar radiofrequency ablation **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

/mbg

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.