

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	5/31/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003923

- 1) MAXIMUS Federal Services, Inc. has determined the request for right cervical facet block at C5-6 with fluoroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy; eight sessions 2 times a week for 4 weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 right cervical facet block at C5-6 with fluoroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for physical therapy; eight sessions 2 times a week for 4 weeks **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 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 medical records reviewed show that the patient was diagnosed with cervical radiculopathy, cervical stenosis, and cervical spondylosis. An MRI dated 9/1/11 showed degenerative changes at C5-6 with mild impingement of the thecal sac and no cord compression. There is foraminal stenosis bilaterally. A utilization review letter dated 7/5/13 notes that the right C5-6 ESI was certified, the right cervical facet block at C5-6 was non-certified, and the 8 sessions of PT was modified to 6. It was noted in the 4/18/13 progress report that the patient had not received formal physical therapy to date. The progress report dated 7/8/13 noted that there was an approval to do both of the cervical injections, C6 epidural and facet block, to help with the radiculopathy as well as PT to follow up with this. The patient complained of neck pain radiating down the right arm with numbness and tingling in the fingertips. Objective findings included a positive Spurling maneuver, pain down the shoulder, in between the shoulder blades, and down into the arm. The patient complained of pain in the thumb and the long fingers and numbness on the outside on the right side. The left side was okay. There is an operative report dated 7/26/13 for right C6 epidural, right and left C5-6 facet block.

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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right cervical facet block at C5-6 with fluoroscopy :

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 the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), chapter 8, page 174, Footnote 2, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck Chapter, on diagnostic facet blocks, which is not part of the MTUS.

Rationale for the Decision:

The employee was approved to have a right C5-6 ESI to help with radicular symptoms. The ODG guidelines state that diagnostic cervical facet blocks are for patients with cervical pain that is non-radicular and it is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections. Authorization is not recommended. **The request for right cervical facet block at C5-6 with fluoroscopy is not medically necessary and appropriate.**

2) Regarding the request for physical therapy; eight sessions 2 times a week for 4 weeks :

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 the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine pgs 98-99, which is part of the MTUS.

Rationale for the Decision:

The medical records appear to indicate that the employee has not had any formal physical therapy for the neck and upper extremity symptoms. MTUS guidelines pg. 98-9/127 state that 8-10 sessions over 4 weeks of PT are recommended for Neuralgia, neuritis, and radiculitis. The requested 8 sessions of PT appear to be supported by MTUS. Therefore authorization is recommended. **The request for physical therapy; eight sessions 2 times a week for 4 weeks 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, 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.