

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	3/13/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004111

- 1) MAXIMUS Federal Services, Inc. has determined the request for **repeat bilateral L3, L4, L5 medial branch rhizotomy is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **repeat bilateral L3, L4, L5 medial branch rhizotomy 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 Preventive 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.

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

All 16 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2010.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior radiofrequency ablation procedure/rhizotomy procedures in October and September 2010; sacroiliac joint injections; aquatic therapy; and unspecified amounts of acupuncture.

The most recent note on file is an August 23, 2013 request for independent medical review, in which the attending provider notes that the claimant has undergone numerous procedures over the years, including prior rhizotomies in September and October 2010. The claimant has also undergone sacroiliac joint injections in 2013. The attending provider states that further records are required to make a determination as there is now some dispute as to whether the applicant has had medial branch rhizotomies in the past.

Also reviewed is utilization review report of July 15, 2013, in which the request for medial branch rhizotomy procedure is non-certified owing to lack of supporting documentation.

### **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 Provider
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for repeat bilateral L3, L4, L5 medial branch rhizotomy :**

#### 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 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, Physical Methods, which is a part of MTUS and the Official Disability Guidelines (ODG, Low Back Chapter, Facet joint radiofrequency neurotomy, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), Physical Methods, pg. 300-301, which is a part of the MTUS.

#### Rationale for the Decision:

As noted in the MTUS guidelines there is lack of quality literature supporting rhizotomy/neurotomy procedures in the lumbar region. The reviewed medical records this case, indicate that the employee has had prior neurotomy/rhizotomy procedures in 2010. The employee's response to prior procedures is unknown. The employee's present work status, functional status, and/or response to prior treatment has not been described or detailed by the attending provider. Pursuing repeat rhizotomy procedures without clear evidence of functional improvement as defined in MTUS 9792.20(f) is not advisable. Therefore, the request is denied due to lack of supporting information and lack of supporting documentation. **The request for a repeat bilateral L3,L4, L5 medial branch rhizotomy 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

/sce

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.