

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/8/2009
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005215

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral facet/medial branch radio frequency rhizotomy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **bilateral facet/medial branch radio frequency 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 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 patient is a 49-year-old male who reported a work-related injury on 01/08/2009 as the result of a fall. The patient subsequently has been treated for the following diagnosis: lumbar facet arthropathy. The clinical notes evidence that the patient last utilized physical therapy interventions and an epidural steroid injection in 02/2011. The clinical note dated 03/13/2013 reports that the patient was seen for a follow-up under the care of Dr. [REDACTED]. The provider documents that the patient was status post a lumbar spine medial branch radiofrequency ablation with excellent relief noted. The provider documented that the patient presented with 50% pain relief since the last procedure, performed on 11/30/2012. The provider documented that the patient's pain was now returning. The provider documented that upon physical exam of the patient; positive paraspinal tenderness was noted as well as positive facet loading. The provider documented that an MRI of the lumbar spine revealed L4-5 facet hypertrophy with spondylosis. The provider documented a request for bilateral L4-5 facet medial branch radiofrequency ablation as the patient had 50% relief with the previous procedure, and pain was now starting to return as previous.

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 bilateral facet/medial branch radio frequency 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, 2nd Edition (2004), Chapter 12, page 300, Facet Rhizotomy, which is part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 12, page 301, physical methods, lumbar facet neurotomy, which is part of the MTUS, and the Official Disability Guidelines, (ODG), Low Back Chapter, Lumbar Facet Neurotomy, which is not part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The ODG Guidelines indicate, "While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless the duration of relief from the first procedure is documented for at least 12 weeks at 50% relief." A review of the submitted medical records indicate that the employee has undergone 2 previous radiofrequency ablations with documentation evidencing the duration of relief was only 3 weeks, and as it is unclear when the employee had undergone the initial radiofrequency ablation. **The request for bilateral facet/medial branch radio frequency 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, 18th Floor
Oakland, CA 94612

/bh

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.