

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

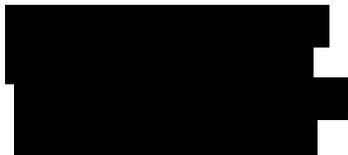
(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/1/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/25/2013

2/2/2011

8/5/2013

CM13-0007742

- 1) MAXIMUS Federal Services, Inc. has determined the request for a cervical diagnostic facet block RT C2-3 and C3-4 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 2) MAXIMUS Federal Services, Inc. has determined the request for a cervical diagnostic facet block RT C2-3 and C3-4 **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 Orthopedic Surgery 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 25, 2013:

“

According to the medical records, the patient is a 40-year-old female trial court employee who sustained an industrial injury to the cervical spine on February 2, 2011. Dr. [REDACTED] is the primary treating physician. The patient is followed with pain management by [REDACTED]

A cervical MRI was conducted on July 25, 2012. The impression was: "1. There is straightening of normal lordotic curvature. 2. There is a mild degree of central stenosis at C5-6 level secondary to a 3 mm central posterior disc protrusion causing pressure over the anterior aspect of the thecal sac. 3. There is a 1.5 mm broad-based posterior disc/endplate osteophyte complex at C6-7 level indenting the anterior aspect of the thecal sac."

Dr. [REDACTED] reevaluated the patient on July 3, 2013 for neck pain and mid back pain. On May 20, 2013 she underwent RFA procedures of the lumbar facet joints on the right at L4-5 and L5-S1 with more than 90% relief. She states that the worst pain is in her neck and mid back and interferes with her daily activities and sleep. She has been using ibuprofen with some relief. The cervical exam shows paracervical muscle spasm and tenderness, more on the left. Cervical ROM shows flexion of 50/50 and extension of 50/60. Lateral bending is 45/45 and bilateral rotation is 70/80 right and left. There is no significant tenderness in the lower lumbar region and the straight leg raise is negative. Sensation appears to be grossly intact in both upper extremities. Her right-sided neck pain is localized and appears to be due to facet arthropathy. She has received conservative treatment but is still very symptomatic. Diagnostic facet blocks are recommended to identify the main pain generator and the neck and to see if she is a good candidate for cervical radiofrequency ablation procedures.

On July 19, 2013, Dr. [REDACTED] requested approval for diagnostic facet blocks in the cervical region on the right side at level C2-3 and C3-4 at the medial branches.

**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 8/2/13)
- Utilization Review Determination from [REDACTED] (dated 7/25/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for a cervical diagnostic facet block RT C2-3 and C3-4 :**

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

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), pgs. 48, 174, 181, which are part of the MTUS, as well as the Official Disability Guidelines (ODG), Neck and Upper Back Chapter and Facet Blocks Chapter, which are not part of MTUS. 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 2/2/11 as a result of cumulative trauma. The patient has diagnoses of cervical spine sprain/strain, rule out radicular symptoms to the upper extremities, lumbar spine sprain/strain, and persistent axial low back pain. An MRI of the cervical spine dated 7/25/12, revealed straightening of the normal lordotic curvature, a mild degree of central stenosis at C5-6 level secondary to 3mm central posterior disc protrusion causing pressure over the anterior aspect of the thecal sac and a 1.5mm broad-based posterior disc/endplate osteophyte complex at C6-7 level indenting the anterior aspect of the thecal sac. Electrodiagnostic studies of the employee's left upper extremity, revealed a left carpal tunnel syndrome moderate in degree and probable left radial neuropathy, status post DeQuervain's release. The request was submitted for a cervical diagnostic facet block RT C2-3 and C3-4.

The MTUS criteria indicate that invasive techniques have no proven benefit in treating acute neck and upper back symptoms. Additionally, Official Disability Guidelines indicate that clinical presentation should be consistent with facet joint pain, signs, and symptoms. In this employee's case the clinical notes submitted for review lacked evidence of specific documentation of the employee presenting with facet mediated pain to the cervical spine. Additionally, imaging studies of the cervical spine did not evidence any facet arthropathy. The clinical notes indicated that the employee's C2-3 and C3-4 levels revealed no evidence of any pathology, thus not meeting guideline criteria. **The request for a cervical**

**diagnostic facet block RT C2-3 and C3-4 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

/th

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.