

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	9/29/2011
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008878

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left C2,3,4,5 medial branch block is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **left C2,3,4,5 medial branch block** 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 Anesthesiology and in Pain Management 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 employee is a 36-year-old male who reported an injury on 09/29/2011. The employee is currently diagnosed with degenerative lumbar intervertebral disc disease, lumbago, thoracic and lumbosacral neuritis and radiculitis, spasm of the muscle, and unspecified myalgia and myositis. The employee was most recently seen by Dr. [REDACTED] on 08/22/2013 with complaints of low back and right leg pain as well as cervical pain. Physical examination revealed ongoing baseline lumbar pain, left-sided cervical pain status post RFA, headache symptoms, painful range of motion, left-sided hand pain and numbness, decreased sensation to mid fingers on the left hand, and limited lumbar active range of motion. Treatment plan included continuation of current medications and consideration for left C2, C3, C4, and C5 medial branch blocks.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for left C2,3,4,5 medial branch block:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision CA MTUS reference to the American College of Occupational and Environmental Medicine (ACOEM), pg. 300, which is a part of the MTUS and the Official Disability Guidelines (ODG), criteria for the use of diagnostic blocks, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg. 173-174, Initial Care, which is a part of the MTUS and the ODG, Neck & Upper Back Complaints, Online Edition, which is not a part of the MTUS.

Rationale for the Decision:

California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Official Disability Guidelines state criteria for the use of diagnostic blocks for facet nerve pain include clinical presentation that is consistent with facet joint pain, signs and symptoms. They are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 weeks to 6 weeks. No more than 2 joint levels are injected in 1 session. A review of the records indicates that there are no clinical features of cervical facet arthropathy on the left side, where the injections are contemplated, documented on followup examination. Presence of positive facet maneuvers is not documented. It is noted that a previous MRI of the cervical spine indicated foraminal stenosis at C5-6 and disc bulging at C6-7. There is no evidence of facet joint disease at the requested levels. **The request for left C2,3,4,5 medial branch block 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

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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.