
Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/8/1994
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009123

- 1) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency rhizotomy of lumbar facets at levels L3-L4 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency rhizotomy of lumbar facets at levels L4-L5 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency rhizotomy of lumbar facets at levels L5-S1 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection for post-op pain relief is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine clearance is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation pre-op is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **radiofrequency rhizotomy of lumbar facets at levels L3-L4 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency rhizotomy of lumbar facets at levels L4-L5 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **radiofrequency rhizotomy of lumbar facets at levels L5-S1 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection for post-op pain relief is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine clearance is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation pre-op 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 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 medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] examiner, who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of August 8, 1994.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; lumbar support; transfer of care to and from various providers in various specialties; multiple prior facet joint blocks; prior epidural steroid injections; MRI

imaging of the lumbar spine of December 4, 2007, notable for multilevel disc bulges and protrusion of uncertain clinical significance; and work restrictions. It does not appear that the applicant has returned to work with limitations in place, however.

In a prior utilization report of July 5, 2013, the claims administrator denied request for multilevel radiofrequency rhizotomy procedures, an epidural steroid injection, and an internal medicine clearance.

In an earlier clinical progress note of July 24, 2013, it is notable that the applicant reports multifocal low back, knee, and mid back pain. He is on Celebrex, tizanidine, Norco, and Sonata. The applicant has undergone previous epidural steroid injections and radiofrequency rhizotomy procedure on October 8, 2012, it is stated. The applicant reportedly described pain relief of nine months. The applicant exhibited some diminished lumbar range of motion, some sensory deficits about the lower extremities, and positive bilateral straight leg raising. Recommendations were made for the applicant to pursue repeat procedures while returning to work with rather proscriptive limitations of no prolonged standing, no squatting, no kneeling, and no usage of stairs or ladders.

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 radiofrequency rhizotomy of lumbar facets at levels L3-L4 :

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 Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and ACOEM guidelines 3rd Edition, Low Back Treatment, Injection Therapies, Radiofrequency, which is not part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines indicate that facet joint injections, which are analogous to rhizotomies, are "not recommended." The unfavorable Second Edition ACOEM recommendation is echoed by the Third Edition ACOEM Guidelines, which indicate that facet rhizotomies are not recommended for treatment of all other lumbar spinal conditions. According to the medical records

provided for review, the attending provider has failed to clarify if he had any evidence of functional improvement as defined in MTUS 9792.20(f) through prior rhizotomy procedures plus facet joint blocks and prior epidural steroid injections. The fact that the employee's work restrictions are unchanged from visit to visit, coupled with the facts that the employee has failed to clearly return to work and that the employee continues to employ numerous analgesics and adjuvant medications, all taken together, implies a lack of functional improvement as defined in Section 9792.20(f). **The request for Radiofrequency Rhizotomy of lumbar facets at levels L3-L4 is not medically necessary and appropriate.**

2) Regarding the request for radiofrequency rhizotomy of lumbar facets at levels L4-L5:

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 Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and ACOEM guidelines 3rd Edition, Low Back Treatment, Injection Therapies, Radiofrequency, which is not part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines, 2nd Edition, Chapter 12, and non-MTUS ACOEM 3rd Edition Guidelines do not endorse rhizotomy procedures or facet joint blocks. According to the medical records provided for review, there is a lack of diagnostic clarity as the attending provider and the employee are pursuing numerous multilevel facet joint blocks and epidural steroid injections in parallel without any clear evidence of functional improvement through prior injections. **The request for Radiofrequency Rhizotomy of lumbar facets at levels L4-L5 is not medically necessary and appropriate.**

3) Regarding the request for radiofrequency rhizotomy of lumbar facets at levels L5-S1:

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 Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and ACOEM guidelines 3rd Edition, Low

Back Treatment, Injection Therapies, Radiofrequency, which is not part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines, 2nd Edition, Chapter 12, and non-MTUS ACOEM 3rd Edition Guidelines indicate that facet joint injections and radiofrequency rhizotomy procedures are not recommended. According to the medical records provided for review, the employee has had prior radiofrequency rhizotomy procedures and has failed to find any evidence of functional improvement through prior usage of the same. The fact that the employee continues to use numerous analgesic and adjuvant medications implies a lack of functional improvement as defined in Section 9792.20(f). **The request for Radiofrequency Rhizotomy of lumbar facets at levels L5-S1 is not medically necessary and appropriate.**

4) Regarding the request for lumbar epidural steroid injection for post-op pain relief :

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

The Claims Administrator based its decision Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 300, which is part of the MTUS, and the ODG Treatment in Workers Compensation, Low Back, Lumbar & Thoracic (Acute & Chronic) Epidural Steroid Injections (ESI), therapeutic, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 46, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines, page 46, indicate that for repeat epidural steroid injections include clear evidence of functional improvement with prior injections. According to the medical records provided for review, there is no evidence of ongoing functional improvement effected through prior epidural steroid injections. Rather, the fact that the employee continues to use numerous analgesic and adjuvant medications, including Celebrex, topical compounds, Norco, etc., all imply a lack of functional improvement as defined in Section 9792.20(f). **The request for lumbar epidural steroid injection for post-op pain relief is not medically necessary and appropriate.**

5) Regarding the request for internal medicine clearance :

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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 1, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that it does afford primary treating providers with an ability to decide whether a specialist evaluation is necessary. According to the medical records provided for review, the attending provider has sought an internal medicine clearance for the purposes of clearing the employee from an internal medicine standpoint for suitability for the proposed injections. In this case, however, the underlying injections have all been deemed not medically necessary. Therefore, the proposed internal medicine clearance is also not medically necessary. **The request for internal medicine clearance is not medically necessary and appropriate.**

6) Regarding the request for psychological evaluation pre-op :

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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 100, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines does endorse usage of psychological evaluations in the chronic pain population. According to the medical records provided for review, a psychological evaluation has been sought as a precursor to performing epidural injections and facet joint blocks, all of which have been deemed not medically necessary through the independent medical review process above. Therefore, there is no need for a concomitant psychological evaluation. **The request for psychological evaluation pre-op 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
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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.