MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

3014
[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0023277	**Date of Injury:**	10/01/2009
Claims Number:	[redacted]	**UR Denial Date:**	08/27/2013
Priority:	STANDARD	**Application Received:**	09/12/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE PAGE 2 ATTACHMENT			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old female injured in a work-related accident on 10/1/09. Specific to the lumbar spine, the clinical records indicate ongoing complaints of pain. She underwent treatment that included radiofrequency ablation procedure on 2/11/13. This occurred bilaterally at the L3 through L5 levels. A recent clinical progress report dated 10/17/13 with the treating physician, Dr. [redacted] indicated ongoing complaints about the low back for which previous radiofrequency neurotomy was performed in February provided 90% benefit for 7½ months. She described pain localized to the low back and a throbbing and burning sensation. Her physical examination findings showed lumbar tenderness to palpation with no swelling or edema, positive right and left side straight leg raise reproducing typical back complaints, normal gait pattern, restricted range of motion, and no neurologic findings. The request at that time was for authorization of repeat radiofrequency procedure bilaterally at the L3 through L5 levels.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Radiofrequency thermocoagulation (RTC) lumbar bilateral L3, L4, and L5 under fluoroscopy and and monitored anesthesia (left or right side first and the other one one to two weeks later at [redacted] is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines ODG), Rhizotomy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 308-310, which is part of the MTUS, and the Official Disability Guidelines, TWC, 18th Edition, Low Back procedure, which is not part of the MTUS.

The Physician Reviewer's decision rationale:
California MTUS states that "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". When looking at Official Disability Guidelines criteria, "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 duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period". The records in this case document that the claimant had 90% relief after the initial RFTC for 7½ months; as such the criteria for the requested radiofrequency treatment as per CA MTUS and Official Disability Guidelines are satisfied. The role of repeat neurotomy at the above-requested levels would therefore be recommended as medically necessary. **The request for Radiofrequency thermocoagulation (RTC) lumbar bilateral L3, L4, and L5 under fluoroscopy and and monitored anesthesia (left or right side first and the other one one to two weeks later at [redacted] is medically necessary and appropriate.**

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.

[redacted]

CM13-0023277