
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 3/13/2006
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0014811

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: UPHOLD. This means we decided that none 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]

/jr

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 Anesthesiology and Pain Medicine and is licensed to practice in California and Florida. 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 48-year-old female patient that reported a work related injury on 03/13/2006. The patient has a history of back pain that radiated to the right lower extremity and sacral tailbone. An MRI showed an L5-S1 herniation and a ruptured disc at L5-S1. A transforaminal epidural injection was done on 12/17/2012. The patient was noted to have undergone facet medial branch block on 04/29/2013 at L4 and L5 on the left. The provider note on 07/26/2013 states the patient underwent medial branch block on 07/25/2013 with 4 hours of pain relief and greater than 50% diminution of her pain. Medications were MS Contin and Klonopin. Diagnosis was facet arthropathy at L2 and L3.

IMR DECISION(S) AND RATIONALE(S)

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

1. Radiofrequency denervation at two levels (lumbar) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), 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) page 301, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

After review of the submitted documentation, the request for radiofrequency denervation at 2 levels (lumbar) is not medically necessary. The California MTUS Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in

the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) states that the procedure is under study and there is conflicting evidence available as to the efficacy of this procedure. The studies have not demonstrated improved function. The treatment using a radiofrequency neurotomy is that it requires a diagnosis of facet joint pain using a medial branch block required with a response of $\geq 70\%$. The most recent clinical note submitted indicated the employee had facet arthropathy at L2 and L3 with 50% diminution of pain and 4 hours of pain relief. However, this did not specify the levels of the medial branch block this response was referring to. The information provided supported the employee underwent medial branch blocks at L4 and L5 on 04/29/2013 with subsequent medial branch blocks on 07/25/2013 at unknown levels. The request as submitted did not specify the level(s) the radiofrequency denervation was to be performed and whether medial branch blocks have been performed at that level(s). Also, it was documented the employee only received 50% pain relief from the medial branch blocks which does not meet Official Disability Guideline criteria. **The request for radiofrequency denervation at two levels (lumbar) is not 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]

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