

---

**Notice of Independent Medical Review Determination**

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/3/2013  
Date of Injury: 11/19/2002  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001382

- 1) MAXIMUS Federal Services, Inc. has determined the requested MRI of the Lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Bilateral L3, L4, L5 medical branch nerve radiofrequency ablation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested spine surgeon referral **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 requested MRI of the Lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Bilateral L3, L4, L5 medical branch nerve radiofrequency ablation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested spine surgeon referral **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 Physical Medicine and Rehabilitation, 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 3, 2013:

"Medical documentation submitted with this request and reviewed in consideration of this request includes:

- 06/06/13 Office visit report submitted by [REDACTED]
- 12/20/12 Phone note submitted by [REDACTED]
- 11/20/12 Office visit report submitted by [REDACTED]
- 04/10/12 Office visit report submitted by [REDACTED]

"Office visit report dated 06/06/13 states that the claimant reports worsening of the low back. The claimant had significant relief of pain after 12/12 radiofrequency ablation with discontinuation of oxycodone and increase in function by 50 percent. The pain is located in the bilateral low back rated 4/10. On examination of the lumbar spine, there is tenderness and worsened and reproducible concordant axial low back pain with rotation and hyperextension of the torso. Prior RFA provided up to 90 percent pain relief with a 50 percent increase in function and discontinuation of opioid use for up to 5-6 months. MRI dated 03/03 revealed facet degeneration. Treatment plan includes bilateral L3, L4 and L5 medial branch nerve RFA, physical therapy and referral to a spine surgeon due to worsening of pain, and MRI of the lumbosacral spine."

## **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 7/15/13)
- Utilization Review Determination (dated 7/3/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 300-303
- Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 5), pg. 63-64

NOTE: Medical records were not received from the claims administrator in a timely manner.

### **1) Regarding the request for MRI of the Lumbar spine :**

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 12), pg. 303, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on November 19, 2002 to the lower back. The utilization review determination provided for review indicates the diagnosis of lumbar facet degenerative disease and that treatments have included diagnostic imaging studies, radiofrequency ablation, physical therapy, and medication management. The request is for magnetic resonance imaging (MRI) of the lumbar spine.

The MTUS ACOEM Guidelines indicate objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in individuals who do not respond to treatment and who would consider surgery as an option. In this case, no medical records were submitted for review and so there is a lack of documentation to support if there are active symptoms displayed for neurological functioning deficits. The request for MRI of the Lumbar spine is not medically necessary and appropriate.

### **2) Regarding the request for Error! Reference source not found.:**

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 12), pg. 300, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on November 19, 2002 to the lower back. The utilization review determination provided for review indicates the diagnosis of lumbar facet degenerative disease and that treatments have included diagnostic imaging studies, radiofrequency ablation, physical therapy, and medication management. The request is for bilateral L3, L4, L5 medial branch nerve radiofrequency ablation.

The MTUS ACOEM guidelines indicate that lumbar facet neurotomies reportedly produce mixed results for pain relief. In this case, no medical records were submitted for review and so there is a lack of documentation to support the repeat of radiofrequency ablation. The request for Bilateral L3, L4, L5 medial branch nerve radiofrequency ablation is not medically necessary and appropriate.

**3) Regarding the request for Error! Reference source not found.:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, which is not a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer agreed that MTUS does not address this issue specifically and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on November 19, 2002 to the lower back. The utilization review determination provided for review indicates the diagnosis of lumbar facet degenerative disease and that treatments have included diagnostic imaging studies, radiofrequency ablation, physical therapy, and medication management. The request is for spine surgeon referral.

The ACOEM guidelines indicate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and nonmedical issues, diagnoses, prognosis, temporary or permanent impairment, work capability, clinical management and treatment options. In this case, no medical records were submitted for review and so there is a lack of documentation to support the employee's course of treatment to date status post his work-related injury of over 10 years ago. There is no documentation provided that shows use of lower levels of treatment recently implemented for the employee. The request for spine surgeon referral 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

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.