MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/8/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/3/2013
Date of Injury:	4/28/2005
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005609

1) MAXIMUS Federal Services, Inc. has determined the request for **injection treatment of the nerve is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **fluoroscope examination is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 **injection treatment of the nerve is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **fluoroscope examination 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 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 5/24/13 progress report noted that the patient reported a worsening of neck pain and severe headaches. she had great benefit from past non pulsed occipital nerve radiofrequency ablation procedure with about 5-6 months of 99% reduction in pain, increase in function and ability to stay at work. The request now is for bilateral pulsed occipital nerve radio-frequency ablation.

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 Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for an injection treatment of the nerve:**

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 Reg Anesth Pain Med 32(2): 148-151, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pulsed radiofrequency treatment (PRF), page 102, which is part of the MTUS.

Rationale for the Decision:
Chronic Pain guidelines state that "Pulsed radiofrequency treatment (PRF) is not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes." A review of the submitted medical records indicates that the employee has reported worsening of neck pain and severe headaches. The employee has had great benefit from a past non pulsed occipital nerve radiofrequency ablation procedure with about 5-6 months of 99% reduction in pain, increase in function and ability to stay at work. However, pulsed radiofrequency treatment (PRF) is not recommended by MTUS. **The request for an injection treatment of the nerve is not medically necessary and appropriate.**

2) **Regarding the request for a fluoroscope examination:**

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 Reg Anesth Pain Med 32(2): 148-151, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pulsed radiofrequency treatment (PRF), page 102, which is part of the MTUS.

Rationale for the Decision:
Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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, 18th Floor
Oakland, CA 94612

/db

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.