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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/13/2013  
Date of Injury: 11/9/2011  
IMR Application Received: 8/21/2013  
MAXIMUS Case Number: CM13-0014727

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]

## 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, has a subspecialty in Pain 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 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

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

The patient is a 47-year-old female who reported an injury on 11/09/2011 after pushing a cart with 5 trays of butter. The patient was treated conservatively with physical therapy, medications, and aquatic therapy. The patient underwent MRI that revealed a disc bulge at L4-5 and mild facet hypertrophic degenerative changes. The patient underwent an EMG that indicated bilateral S1 radiculopathy. The patient underwent epidural steroid injections that did not improve her condition. The patient had continued back pain complaints. Physical findings included L4-5 and L5-S1 lumbar facet tenderness to palpation and positive facet loading bilaterally. The patient had a positive Kemp's test and decreased sensation in the left L5 distribution. The patient's treatment plan included a medial branch block at the L3-4, L4-5, and L5-S1 levels.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Medial branch blocks (site: L3-L4, L4-L5 and L5-S1 side: both) 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, 2<sup>nd</sup> Edition (2004), Chapter 12) pages 308-310, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The requested medial branch block at L3-4, L4-5, and L5-S1 bilaterally is not medically necessary or appropriate. The employee does have facet tenderness to palpation at L4-5 and L5-S1 levels with positive facet loading bilaterally. American College of Occupational and Environmental Medicine does not recommend facet injections for either diagnostic or therapeutic purposes; however do not specifically address chronic pain. Official Disability Guidelines do not recommend diagnostic facet injections in patients with low back pain and associated radiculopathy. The clinical documentation submitted for review does provide evidence that the employee has radicular pain. The employee has undergone an EMG that supported S1 radiculopathy. Additionally, physical findings included decreased sensation in the L5 distribution and a positive Kemp's test. As the employee has continued radicular findings, a medial branch block would not be supported. **The request for medial branch blocks (site: L3-L4, L4-L5 and L5-S1 side: both) is not medically necessary and appropriate.**

/JR

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.

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