
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/28/2013
Date of Injury: 4/9/2010
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0001006

- 1) MAXIMUS Federal Services, Inc. has determined the request for injection - left L4, L5 & S1 medial branch block x 1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 - left L4, L5 & S1 medial branch block x 1 **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 June 28, 2013:

“History: The 39 year old male claimant injured his low back on 01/04/10 and has a diagnosis of lumbar spondylosis. On 05/23/13, Dr. [REDACTED] stated that the claimant has both radiculopathy and facet mediated pain and that extension exacerbates his pain. On 06/06/13, he was evaluated and is status post a partial hemilaminectomy from L4 to S1. EMG showed severe radiculopathy and he has had multiple ESIs with no response. He had mild weakness and normal sensation and reflexes. He reported pain radiating down his leg. Diagnosis was HNP status post surgery. Medial branch blocks were recommended.”

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 7/8/13)
- Utilization Review Determination from [REDACTED] (dated 6/28/13)
- Medical Records from [REDACTED] (dated 5/1/13 – 7/2/13)
- Medical Records from [REDACTED] (dated 7/13/12 – 6/5/13)
- Medical Report from [REDACTED] (dated 7/30/12)
- Medical Report from [REDACTED], MD (dated 7/27/2012)
- MRI of lumbar spine w/o contrast (dated 7/7/12)
- Official Disability Guidelines (ODG) (web edition), Low Back - Lumbar & Thoracic, Facet Injections

1) Regarding the request for injection - left L4, L5 & S1 medial branch block x 1:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (web edition), Low Back - Lumbar & Thoracic, a Medical Treatment Guideline (MTG), not in the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 1/4/10 the employee sustained an injury to the lumbar spine. Initial diagnosis was lumbar spondylosis. Treatment included an L4 through S1 hemilaminectomy with L4-5 microdiscectomy on 4/7/10 followed by a series of injections. A medical report dated 5/23/13 revealed radiculopathy and facet mediated pain with exacerbation on extension. A request was submitted for injections – left L4- L5 & S1 medial branch blocks x 1.

Official Disability guidelines state that medial branch blocks are not recommended except as a diagnostic tool and should not be done if there is evidence of radicular pain. The medical records submitted for review indicate the employee continues to experience radicular pain. The request for injections – left L4-L5 & S1 medial branch blocks x1 **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
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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.