

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	1/27/2010
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001074

- 1) MAXIMUS Federal Services, Inc. has determined the request for lumbar medial branch block **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 lumbar medial branch block **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 1, 2013.

“This 52 year-old male was injured 12/27/10. The mechanism of injury was not provided to this reviewer. The carrier has accepted the claim for the low back. Lumbar epidural steroid injections have been done in the past. The requesting provider's medical report dated 6/13/13 stated that the patient has completed four sessions of acupuncture. His symptoms are relieved completely however, his results are temporary. His current symptoms include low back pain and lower extremity pain and numbness. Objective: Lumbar paraspinal musculature is tender to palpation. Sensory and motor function tested in the lower extremities demonstrates diminished sensation in the L5-S1 distribution. Straight leg raise is equivocal. There is also lower back pain associated with hip flexion. MRI lumbar spine shows a disc bulge at the L5-S1 level with severe left greater than right foraminal narrowing. Assessment: Lumbar radiculopathy. Low back pain. Plan: Consultation with Dr. [REDACTED] to discuss medial branch block”.

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 dated 7/09/2013
- Utilization Review Determination provided by The [REDACTED] dated 7/01/2013
- Medical Records from 7/11/2012 through 6/13/2013
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, Chapter 12, Low Back Complaints, Epidural Injections, page 300
- Official Disability Guidelines, Current Version, Low Back Chapter, Facet Joint Medial Branch Blocks

1) Regarding the request for lumbar medial branch block:

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) guidelines, 2nd Edition, 2004, Low Back Complaints, Epidural Injections, page 300, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute

Rationale for the Decision:

The employee injured the low back in an accident on 12/27/2010. An MRI was done on 7/25/2012, which revealed a disc bulge at the L5-S1 level with severe left greater than right foraminal narrowing. Treatment has consisted of pain medication, four sessions of acupuncture and two epidural injections without relief. The most recent report, dated 6/13/2013, noted an improvement in symptoms after four sessions of acupuncture, but current symptoms included low back pain, lower extremity pain and numbness. A request was made for a lumbar medial branch block.

MTUS Guidelines state that invasive techniques, such as injections or facet joint injections of cortisone and lidocaine, are of questionable merit. A criterion for a medial branch block includes being initially unresponsive to conservative treatment including physical methods. The submitted report on 6/13/2013 noted that the employee's symptoms had relieved temporarily with acupuncture and that more treatments were to be completed. The request for lumbar medial branch block 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, 18th Floor
Oakland, CA 94612

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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.