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**Notice of Independent Medical Review Determination**

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

8/31/2011

7/15/2013

CM13-0001578

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 medial branch block at the bilateral L4-L5 and L5-S1 levels **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 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 1 medial branch block at the bilateral L4-L5 and L5-S1 levels **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 Internal 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 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 8, 2013.

“The patient is a 32-year-old male who sustained a low back injury secondary to lifting on 8/31/11. He is currently diagnosed with lumbar radiculopathy and chronic low back pain. A request was made for Medial Branch Block at the bilateral L4-L5 and L5-S1 levels. The patient has been experiencing low back pain with associated radiation to the lower extremities, and has been treated to date with medications, two lumbar epidural injections, and six visits each of PT, chiropractic therapy, and acupuncture with no lasting relief. He underwent a lumbar MRI on 11/1/11 (read by Dr. [REDACTED] which revealed right-sided disc protrusion and facet hypertrophy at L5-S1 with associated canal and left-sided foraminal stenosis, and disc protrusion and facet hypertrophy at L4-5 with canal and bilateral foraminal stenosis. EMG/NCV by Dr. [REDACTED] on 12/6/11 demonstrated findings suggestive of left L5-S1 radiculopathy versus peroneal neuropathy at the ankle. During his latest follow up on 5/8/13, the patient presented with back and leg pain. His current medication regimen consisted of gabapentin (600mg four times a day), Cymbalta (30mg once a day), Senna-S (every 12 hours), Prilosec (20mg once a day), Flexeril (7.5mg twice a day as needed), and Medrox patches (as needed). Physical examination of the lumbar spine revealed bilateral paraspinal tenderness, restricted ROM, and positive bilateral facet loading challenge at L4-5 and L5-S1. Sensation was decreased over the left L3 to S1 dermatomes. Muscle strength in the bilateral tibialis anterior and extensor hallucis longus, as well as with plantar flexion and eversion was 5-/5. Straight leg raise test was positive bilaterally. Medial Branch Block was recommended as a diagnostic step towards rhizotomy.”

**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
- Utilization Review by [REDACTED] (dated 7/8/13)
- American College of Occupational and Environmental Medicine (ACOEM) 2<sup>nd</sup> Edition (2004), Low Back Complaints, Physical Methods, and Summary of Recommendations

NOTE: The Claims Administrator did not submit medical records in a timely manner.

**1) Regarding the request for 1 medial branch block at the bilateral L4-L5 and L5-S1 levels:****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, 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Physical Methods, which are part of the California 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 was injured on 8/31/11. Per the utilization review determination letter dated 7/8/13, the employee has been diagnosed with lumbar radiculopathy and chronic low back pain. Treatment to date has included medications, two lumbar epidural injections, and six visits each of physical therapy, chiropractic therapy, and acupuncture. The request is for 1 medial branch block at the bilateral L4-L5 and L5-S1 levels.

The Claims Administrator did not submit medical records in a timely manner. The documentation submitted does not support the request. The request for 1 medial branch block at the bilateral L4-L5 and L5-S1 levels 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

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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.