

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

5/9/2012

7/29/2013

CM13-0004020

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral L4-S1 medial branch blocks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 bilateral L4-S1 medial branch blocks **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.

Expert Reviewer Case Summary:

There is an unsigned IMR application for a UR decision on 7/19/13, followed by page 2 of a letter from [REDACTED], apparently denying L4-S1 MBB because other likely pain generators were not addressed, and there were radicular findings on exam despite a recent ESI, and another ESI is pending. There were also SI joint findings and no clear symptoms/findings of facet arthropathy on imaging, and no documentation for PT or home exercise program. There is a 7/10/13 report from [REDACTED], MD stating the pt saw Dr [REDACTED] on 7/2/12 and noted decreased lumbar pain, rated at 9/10. The pt saw Dr [REDACTED] and had bilateral L4/5 and L5/S1 TFESI on 6/21/13 that helped by 50% (before 7/2/13, then increased) The leg pain resolved. Dr [REDACTED] recommends bilateral L4-S1 MBB and will consider bilateral SI joint injections if the pt does not respond to facet injections. Apparently, Dr [REDACTED], Dr [REDACTED] and Dr [REDACTED] are in the [REDACTED]. The 7/2/13 report by Dr [REDACTED] notes the patient is a 5'9", 214 lbs female, with antalgic gait, diffuse paraspinal tenderness, facet tenderness L4 through S1, SI jt tenderness with positive FABEREs, and SI thrust test, SLR positive bilaterally, and femoral stretch test is positive bilaterally. There was 4/5 weakness in big toe extensors and knee flexors. Assessment was lumbar musculoligamentous strain, radiculopathy, facet syndrome, posterior annular tear at L4/5 per MRI, bilateral knee internal derangement. The 11/5/12 MRI shows 3-mm disc protrusion L4/5 that abuts the descending L5 roots bilaterally and causes mild central stenosis. There was also a 2-mm L5/S1 disc protrusion. There was mild facet arthrosis at L3/4 and facet arthropathy at L5/S1, but not L4/5 or L2/3. Interestingly, there was also an MRI 4 days earlier at a different facility. The 11/1/12 MRI shows 4mm protrusion L4/5 with bilateral lateral recess stenosis, but no nerve root impingement. A 2-3mm bulge T L5/S1 and mild bilateral facet arthrosis L4/5 and L5/S1. The patient had not worked since 6/22/12, her injury was on 5/9/12, a slip and fall.

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 from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral L4-S1 medial branch blocks:

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 300-301, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks section, which is a medical treatment guideline that is not part of the MTUS. 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 ACOEM Guidelines recommend medial branch blocks as a diagnostic test for lumbar RFA, but do not recommend RFA for the lumbar region. The ODG provides criteria for lumbar facet blocks. The records submitted and reviewed document the provider suggests facet injections improved the employee's leg symptoms and that there are no radicular findings on exam. However, the exam shows radicular symptoms and the assessment remains lumbar radiculopathy. The employee has radicular symptoms on exam, with positive straight leg raise, weakness in the L4 and L5 motor distribution, and MRI corroboration. There was no discussion of recent physical therapy, home exercises, or non-steroidal anti-inflammatory drugs (NSAIDs). Therefore, the request is not in accordance with the current guidelines. The request for bilateral L4-S1 medial branch blocks **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

/sab

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