

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	4/3/2000
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004230

- 1) MAXIMUS Federal Services, Inc. has determined the request for a bilateral L3-5 medial branch nerve block **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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 a bilateral L3-5 medial branch nerve 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 17, 2013.

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BRIEF CLINICAL SUMMARY:

This 68 year-old female was injured 4/3/00. The mechanism of injury was a slip and fall. The carrier has accepted the claim for the upper and lower back, the left thumb, and the right knee, hand, wrist, upper, and lower arm. Right knee arthroscopy and then two courses of viscosupplementation were done 2005 thru 2008. No diagnostics have been reported to this reviewer relative to this injury. The requesting providers medical report dated 6/26/13 stated that the patient complained of low back pain that radiates to the right lower extremity and right knee pain. Has weakness in the right lower extremity. Has limitations with physical activity, ambulation, hand function, travel and sleep. „

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 of Independent Medical Review (dated 7/29/13)
- Utilization Review Determination [REDACTED] (dated 7/17/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for a bilateral L3-5 medial branch nerve block :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back - Criteria for facet joints blocks, which is not a part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG) Low Back Chapter in support of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 4/3/00. The medical records provided for review indicate treatments have included right knee arthroscopy and two courses of visco supplementation. The request is for a bilateral L3-5 medial branch nerve block

ACOEM Guidelines indicate that such invasive procedures are “of questionable merit.” Official Disability Guidelines state that “clinical presentation should be consistent with facet joint pain, signs, and symptoms. Furthermore, indicates there should be “documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks.” Medical records submitted and reviewed indicate the employee has been on Celebrex, Tramadol, Aleve, Soma, and Norco, but no physical therapy notes were provided for this review to document objectively that the employee had significant therapy. The guideline criteria have not been met. **The request for a bilateral L3-5 medial branch nerve 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

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.