

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 2/6/2013  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0007849

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar facet medial branch block** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **bilateral L4-L5 facet injections presumably MBB** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance, H&P, EKG and labs** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 facet medial branch** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **bilateral L4-L5 facet injections presumably MBB** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance, H&P, EKG and labs** 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:

58 year old female with injury from 2/6/13 from lifting heavy objects. MRI apparently showed facet hypertrophis with anterolisthesis at L4-5 and annular tear at L2-3.

5/6/13 report by Dr. [REDACTED] states that the patient has tenderness over the sacroiliac joints bilaterally worse on one side. Recommended another MRI and PT, pain management referral.

3/18/13, MRI showed anterolisthesis at L4-5 gr. I, moderate facet hypertrophy, annular fissure at L2-3 and other levels showing mild degenerative disc disease and facet changes.

4/5/13, EMG/NCV studies are normal.

4/8/13 report by Dr. [REDACTED] has the patient's pain in bilateral low back, back pain worse than legs, has had 2 epidural steroid injections in the past without help. The patient had "mild generalized tenderness in the lumbar area", with severely limited flexion. Recommendation was for lumbar facet/medial branch blocks (MBB's) at L4-S1 bilaterally.

### 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

- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for lumbar facet medial branch block :**

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 300-301, facet injections, which is a part of the MTUS and the Official Disability Guidelines (ODG), signs and symptoms of facet joint pain, which is not a part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines state, “Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks.” The medical records provided for review indicate that the employee showed right and left diffuse tenderness, tenderness over the sacroiliac joints , which is not consistent with facet joint syndrome. **The request for lumbar facet medical branch is not medically necessary and appropriate.**

**2) Regarding the request for bilateral L4-L5 facet injections presumably MBB:**

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), web 2012, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 300-301, facet injections, which is a part of the MTUS and the Official Disability Guidelines (ODG), signs and symptoms of facet joint pain, which is not a part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines state, “Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks.” The medical records provided for review indicate that the employee presented with “mild diffuse tenderness” of the lower back and pain with flexion, which are not consistent with facet joint syndrome. **The request for bilateral L4-L5 facet injections presumably medial branch block (MBB) is not medically necessary and appropriate.**

**3) Regarding the request for medical clearance, H&P, EKG and labs :**

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**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, 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.