

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the bilateral lumbar 3, 4, 5 medial branch block requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/29/2013 disputing the Utilization Review Denial dated 3/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 bilateral lumbar 3, 4, 5 medial branch block requested **is not medically necessary and appropriate.**

### **Medical Qualifications of the Professional 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 professional 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 summary by [REDACTED] dated April 8, 2013.

“According to the records made available for review, this is a 60-year-old female patient, s/p injury 1/22/13. The patient most recently (2/27/13) presented with lumbosacral pain with intermittent posterior pelvic radiating pain. Physical examination revealed TTP at lumbosacral region, decreased lumbar spine range of motion, pain with motion including quadrant loading and extension, and reproducing of axial pain, positive SLR, and pain with heel/toe walk. MRI of the lumbar spine report (9/11/09) reported disc bulge at L1-2 with bilateral neuroforaminal stenosis, minimal anterolisthesis of L2 and L3, disc bulge, and central canal and bilateral neuroforaminal stenosis at L2-3, disc bulge at L3-4 with degenerative changes at facet joints, central canal and bilateral neuroforaminal stenosis at L3-4, anterolisthesis of L4 on L5 due to pars defects, central canal and bilateral neuroforaminal stenosis at L4-5, and disc bulge at L5-S1 with bilateral neuroforaminal stenosis. The 3/19/13 authorization request identifies that patient had good relief with MBB’s, so RF is not needed. Current diagnoses include low back pain, DDD, and facet syndrome. Treatment to date includes previous right MBB with 100% pain relief on 6/12/12 which allowed for increase in exercise, walking, physical therapy, HEP, and medications. Treatment requested is bilateral lumbar 3, 4, 5 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

- Utilization Review Documentation by [REDACTED] (dated 3/7/13 through 4/8/13)
- Employee's Pain Medicine Consultation by [REDACTED] MD (dated 2/27/13)
- Authorization Request by [REDACTED] (dated 2/27/13)
- Employee's Return to Work Authorization Documentation (dated 1/22/13 through 4/29/13)
- Employee's Medical Records by [REDACTED] (dated 1/22/13 through 3/21/13)
- Primary Treating Physician Progress Reports (dated 1/28/13 through 3/21/13)
- Official Disability Guidelines (ODG) (2009) – Low Back Chapter (Facet Joint Diagnostic Blocks and Facet Joint Injections, Multiple Series Sections)

**1) Regarding the request for bilateral lumbar 3, 4, 5 medial branch block:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) – Low Back Chapter (Facet Joint Diagnostic Blocks and Facet Joint Injections, Multiple Series Sections), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 60-year-old female with past medical history of lower back pain. Magnetic resonance imaging (MRI) performed on 9/11/2009 showed the following: disc bulge at L1-2, bilateral neuroforaminal stenosis at L2-3, disc bulge at L3-4, neuroforaminal stenosis at L4-5, and disc bulge at L5-S1. The employee underwent medial branch block (MBB) on 6/22/2012 with good pain relief.

Based on the ODG section referenced above, this type of MBB should only be done once and no more than 2 joint levels should be injected at one session. No other scientific evidence was provided to challenge this assertion. The bilateral lumbar medial 3, 4, 5 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, 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.