

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	9/7/2000
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011213

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient median branch nerve blocks bilaterally at L3, L4 and L5 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **outpatient median branch nerve blocks bilaterally at L3, L4 and L5** 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 42-year-old female who reported a work-related injury on 09/07/2000, specific mechanism of injury not stated. The clinical note dated 08/14/2013 reports that the patient was seen under the care of [REDACTED]. The provider documented that since the patient was last seen, she had undergone a second diagnostic/therapeutic lumbar facet medial branch nerve block on 07/29/2013. The patient reported excellent benefit of 95% of axial low back pain relief. The provider documents that the patient's facet blocks performed in 02/2013 afforded the patient an 80% benefit of pain relief to about 50% pain relief for 4 to 6 weeks. The provider documents that physical exam of the patient's lumbar spine revealed tenderness to palpation along the posterior lumbar musculature with increased muscle rigidity. The provider documented that the patient had decreased sensation along the L5-S1 distribution bilaterally, left greater than right. There was global weakness to the left lower extremity in comparison to the right. Straight leg raise in the modified sitting position was positive bilaterally, left greater than right. The patient had profound loss of range of motion of the lumbar spine. The patient was able to forward flex and bring her fingertips short of 6 inches above the level of the knees, and extension was limited to about 5 degrees. The patient had pain with both maneuvers. The patient had a significant antalgic gait favoring the left lower extremity. Faber's maneuver was positive on the left with SI joint and hip pain. The provider documented a review of the electrodiagnostic studies performed on 01/24/2011 of the bilateral lower extremities which revealed a moderate right and mild left bilateral S1 radiculopathy and a mild bilateral L4-5 radiculopathy. The provider requested authorization to proceed with a lumbar facet rhizotomy at the bilateral L3, L4 and L5.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - X Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for outpatient median branch nerve blocks bilaterally at L3, L4 and L5:**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 California MTUS guidelines, web-based edition: http://www.dir.ca.gov/t8/ch4_5sbia5_5_2.html, and the Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300, which is a part of MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate, "Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." In this case, the provider documents that the employee has already undergone multilevel medial branch nerve blocks times 2 with positive efficacy noted. The rationale for a third set of medial branch nerve blocks bilaterally at the L3, L4 and L5 was not indicated in the clinical notes reviewed. **The request for outpatient medial branch nerve blocks bilaterally at L3, L4 and L5 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

/hs

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.