

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/30/2013 |
| Date of Injury: | 7/27/2005 |
| IMR Application Received: | 8/28/2013 |
| MAXIMUS Case Number: | CM13-0017817 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for right L2-3 and L3-4 facet joint medial branch block **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 right L2-3 and L3-4 facet joint medial branch block **is 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, has a subspecialty in Pain Management 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:

This patient is a 54 year old female with a date of injury of 7/27/05. A Supplemental Orthopedic AME Report by [REDACTED], dated 7/11/2013 indicates that the patient underwent an L5-S1 spinal fusion with ongoing complaints of low back pain radiating into the lower extremities. Numerous medications were tried to address the patients pain complaints. The patient underwent bilateral L2 and L3 medical branch blocks to temporarily denervate the bilateral L3-4 facet joints on 5/8/2012. After obtaining 90% reduction in pain for 8 hours the patient eventually underwent radiofrequency ablation on 6/12/12. As of 7/27/2012, the patient reported 100% resolution of left sided low back pain at the L3-4 level, but ongoing right sided pain. Right L3-4 and L4-5 facet joint medial branch blocks were requested but denied by utilization review on 8/6/2012. An EMG/NCS of both lower extremities was certified due to radiating lower extremity pain on 3/11/2013. A utilization review determination dated 7/30/2013 recommends modified certification for right L3-4 facet joint medical branch block, the request was for right L2-3 and L3-4 facet joint medical branch block. The most recent progress report available for review dated 8/20/2013 includes subjective complaints of "bilateral low back pain which is severe in nature at and above the level of her fusion. She is also reporting "sciatic" pain down her left lower extremity. Physical examination identifies limited lumbar extension with concordant pain, normal neurologic exam and tenderness to palpation at bilateral L2-3 and L3-4 facet joints. Diagnosis states "lumbosacral spondylosis without myelopathy" as well as a history of L4-S1 fusion. Treatment recommendations state, "[REDACTED] AME report notes that the patient is having problems coming from her L2-3 facet joints. Therefore, I am ordering a trial of medial branch blocks at bilateral L2-3 and L3-4 facet joints. If this is successful, a radiofrequency ablation procedure could be performed. The numbness and tingling in her lower extremities was worsening and she was having some radicular pain complaints. She underwent an EMG/NCS of the lower extremities on 3/25/13. This was negative for radiculopathy."

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 right L2-3 and L3-4 facet joint medial branch 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)-TWC, Low Back Procedure Summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 300 and 309, which are part of MTUS; and, the Official Disability Guidelines (ODG), Low Back chapter, Facet Joint Pain, which is not part of the MTUS.

Rationale for the Decision:

This employee has a history of low back pain that has not responded to conservative treatment. The ODG guideline criteria have been met, including tenderness to palpation in the paravertebral area, normal sensory exam, absence of radicular findings and normal straight leg raise. It is acknowledged that the employee previously underwent an L2-3 medial branch block with excellent results, with subsequent poor results from a radiofrequency ablation. However, it is certainly possible that the employee's facetogenic pain generators include both the L2/3 and L3/4 facet joints. If both joints are involved, that may explain the lack of prolonged benefit from the previous radiofrequency ablation despite excellent results from the L2-3 medial branch block. **The request for right L2-3 and L3-4 facet joint medial branch block is 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

/reg

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.