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**Notice of Independent Medical Review Determination**

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 7/22/2010  
IMR Application Received: 7/12/2013  
MAXIMUS Case Number: CM13-0001240

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral medial branch block injections of lumbar spine at C4-5 and C5-6 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 bilateral medial branch block injections of lumbar spine at C4-5 and C5-6 **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 2, 2013.

“This claimant is treating for chronic axial pain of the cervical spine without evidence of radiculopathy. Examination reveals significant tenderness to palpation over the facet joints and imaging studies demonstrate evidence of degenerative changes. A request is submitted for medial branch blocks.”

### 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 7/2/13 and 7/3/13)
- Qualified Medical Evaluation by [REDACTED], M.D. (dated 7/13/12)
- Panel Qualified Medical Re-Evaluation Report by [REDACTED] (dated 12/19/12)
- Medical Records by [REDACTED] (dated 8/6/12 and 2/6/13)
- Medical Records by [REDACTED] M.D. Inc. (dated 9/27/12 and 10/12/12)
- MRI Report by [REDACTED] (dated 1/29/13)
- Lab Reports by [REDACTED] (dated 6/16/13)
- Medical Report by [REDACTED] (dated 3/15/13)
- MRI Report by [REDACTED] (dated 3/7/13)
- Medical Records by [REDACTED] (dated 1/8/13 to 3/29/13)

- Official Disability Guidelines (ODG) – Low Back Chapter, Facet Joint Diagnostic Blocks section

**1) Regarding the request for bilateral medial branch block injections of lumbar spine at C4-5 and C5-6:**

Medical Treatment Guideline(s) 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 Chapter, Facet Joint Diagnostic Blocks section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 7/22/2010 and has experienced chronic axial pain of the cervical spine. The employee has been approved for medial branch blocks of the cervical spine. A request was submitted for bilateral medial branch block injections of lumbar spine at C4-5 and C5-6.

The ODG indicates medial branch blocks are limited to low back pain that is non-radicular. The medical records submitted and reviewed indicate the employee has chronic low back pain with probable lumbar facet pain syndrome and right radicular pain. A clinic note dated 6/10/2013 states that the employee has radiation of pain to the right lower extremity all the way to the foot, which may be related to radiculopathy in the lumbar spine. Presence of radicular pain and possible radiculopathy do not meet the guideline criteria, which state medial branch blocks are limited to low back pain that is non-radicular. The request for bilateral medial branch block injections of lumbar spine at C4-5 and C5-6 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  
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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.

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