
Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	8/30/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003411

- 1) MAXIMUS Federal Services, Inc. has determined the request for left dorsal medial branch block injection L3 L4 L5 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 left dorsal medial branch block injection L3 L4 L5 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 5, 2013

“According to the Progress Report dated 06/18/13 by Dr. [REDACTED], the patient was frustrated as pain was bothering. The patient reported of left -sided low back pain radiating to the groin on the left side, upper buttock and lateral hip. The patient had tried the Effexor before, without improvement. On examination, both flexion and extension caused pain, but extension caused more pain. Right lateral bending increased the pain. There was palpatory tenderness on the right side of the lower lumbar area and off to the left side. Neurologically, the patient was intact. The patient was diagnosed with chronic low back pain.”

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 (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Employee Medical Records from [REDACTED] (received 8/8/13)
- Employee Medical Records from Employee Representative (received 8/13/13)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** left dorsal medial branch block injection L3 L4 L5 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Pages 308-310, which is part of the MTUS. 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 sustained a work-related injury on 8/30/2010 to the lower back. The medical records provided for review indicate a diagnosis of chronic low back pain. The medical report of 6/18/13 documents that the employee reported left-sided low back pain radiating to the left groin, upper buttock and side of the hip, on examination, both flexion and extension caused pain, but extension caused more pain, and right lateral bending increased the pain. The request is for left dorsal medial branch block injection L3, L4, L5.

The MTUS ACOEM Guidelines indicate facet injections of cortisone and lidocaine are of questionable merit. The guidelines state "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain" similar quality literature [for lumbar neurotomy] does not exist regarding the same procedure in the lumbar region". Table 12-8 of the guidelines indicate facet joint Injections are not recommended. The request for left dorsal medial branch block injection L3, L4, 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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Oakland, CA 94612

/sh

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.