

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 2/7/2004
IMR Application Received: 7/25/2013
MAXIMUS Case Number: CM13-0003618

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 diagnostic left L4-5 and L5-S1 facet medial branch block **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 7/16/2013. 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 1 diagnostic left L4-5 and L5-S1 facet medial branch block **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 16, 2013.

“The patient is a 47 year old female with a date of injury of 2/7/2004. Under consideration is a prospective request for diagnostic left-sided L4-5 and L5-SI facet 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 (received 07/25/2013)
- Utilization Review Determination from (dated 07/16/2013)
- Employee medical records from [REDACTED] (dated 08/05/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 diagnostic left L4-5 and L5-S1 facet 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) (current version), Low Back (Acute & Chronic), (no chapter or section cited), a medical treatment guideline (MTG), not part of the MTUS. The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Invasive Techniques, Pg. 298-300, part of the

MTUS, and the Official Disability Guidelines (ODG), (current version), Low Back Chapter, Facet joint diagnostic blocks (injections), A MTG, not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/07/04. The submitted and reviewed clinical notes dated 07/11/2013 indicated the employee was evaluated with complaints of localized left lower lumbar pain for the proceeding 3 weeks. Notes indicate the employee was not experiencing any lower extremity symptoms and that the patient's level of pain was ranging from 8/10 to 10/10. An objective evaluation noted full lumbar flexion with extension restricted by 25% with worsening of the patient's lower back pain. Positive left lumbar facet provocative maneuvers were noted on exam and the employee had a negative seated slump test. Palpation produced tenderness of the left lower lumbar paraspinals over the L4-5 and L5-S1 facet joints. A reviewed medical note on 07/16/2013 indicated the employee was under treatment for an injury to the lower back which recently has been managed independently; however, the employee suffered a flare up of lower back and left lower extremity symptoms at the beginning of 2013 with the patient responding well to a left L5 and S1 transforaminal selective epidural steroid injection performed in 02/2013. A request has been submitted for 1 diagnostic left L4-5 and L5-S1 facet medial branch block .

The MTUS ACOEM guidelines indicate that invasive techniques to include facet joint injections are of questionable merit and that despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic interventions may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines indicate medial branch blocks are not recommended except as a diagnostic tool and they should be limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally after documentation of failure of conservative treatment including home exercise, physical methods, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documentation submitted for review indicates decreased lumbar extension by 25% with worsening of low back pain and positive left lumbar facet provocative maneuvers. However, the documentation submitted for review fails to document formal physical therapy or medication management prior to the requested procedures. The requested 1 diagnostic left L4-5 and L5-S1 facet 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, 18th Floor
Oakland, CA 94612

/srb

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.