MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/14/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/18/2013
Date of Injury:	7/18/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004170

1) MAXIMUS Federal Services, Inc. has determined the request for **second diagnostic lumbar epidural steroid injection L4-L5 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **lumbar facet joint block medial branch L3-L4, L4-L5 bilaterally is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **possible rhizotomy is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine clearance is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **phsychological evaluation is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **second diagnostic lumbar epidural steroid injection L4-L5 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **lumbar facet joint block medial branch L3-L4, L4-L5 bilaterally is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **possible rhizotomy is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for **internal medicine clearance is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for **phsychological evaluation 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.

Expert Reviewer Case Summary:

On 05/03/2013, this patient was seen in clinic. She reported having a date of injury of 07/18/2006. Diagnostic studies were reviewed with her at that time. No clinical exam was documented for that date of service. No recommendations were documented on that date. On 06/13/2013, a utilization review determination non-certified the request for a diagnostic lumbar epidural steroid injection at L4-5, lumbar facet joint block medial branches at L3-4 and L4-5, possible rhizotomy, internal medicine clearance and psychological evaluation. The patient returned to clinic on 06/17/2013 for further evaluation. On exam, she ambulated with an antalgic gait, favoring the left. Her shoulders were not level, and her right shoulder was low. Cranial nerves 2 through 12 were intact. Reflexes of the biceps were diminished bilaterally, and reflexes for the triceps were absent bilaterally. Brachioradialis reflexes were diminished bilaterally. She had a noted sensory deficit to the anterolateral shoulder and arm on the right with a

distorted superficial tactile sensibility corresponding to a C5 dermatome. She had sensory deficits to the lateral forearm, hand and thumb on the right. She also had sensory deficits in the middle finger on the right with distorted superficial tactile sensibility corresponding to the C7 dermatome. She also had sensory deficits to the C8 dermatome. She had motor deficits of the deltoid and biceps on the right. She returned to [redacted], MD on 07/05/2013. Pain was rated at a 7/10 at that time. She stated that she was taking Vicodin and that it was helpful. She stated that she experienced a pain reduction in pain that began 1 day after the procedure with pain rated at an 8/10, going down to 5/10. This lasted for 1 week. On 07/09/2013, this patient was seen in clinic with evaluation by [redacted], DC with a chief complaint of neck pain, right shoulder pain and right wrist sprain/strain with numbness and tingling. She reported dropping objects. Deep tendon reflexes were "1+ bilateral upper extremities. 2+ bilateral upper extremities." There was a positive Phalen's and decreased median nerve sensation. On 07/19/2013, a utilization review determination non-certified the requested ESI, facet medial branch block, rhizotomy, internal medicine specialist clearance and psychological evaluation. On 08/26/2013, this patient was seen back in clinic with evaluation by [redacted], DC. Range of motion in the cervical spine was decreased at that time.

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 second diagnostic lumbar epidural steroid injection L4-L5 :**

   <u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, part of the MTUS.

   The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301, and the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, all part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The ACOEM guidelines indicate that invasive techniques, such as local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Although epidural steroid injections short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit nor does it reduce the need for surgery.
The Chronic Pain Medical Treatment Guidelines further indicate that this procedure is recommended as an option for the treatment of radicular pain, and a followup ESI may be recommended if there is limited success produced with the first injection. Guidelines do not recommend a series of 3 ESIs. The records indicate that the employee only had one week of relief and did not document significant reduced medication usage, significant functional improvements and did not objectively document the percentage of pain relief achieved from the previous injection. **The request for a second diagnostic lumbar epidural steroid injection at L4-5 is not medically necessary and appropriate.**

2) **Regarding the request for lumbar facet joint block medial branch L3-L4, L4-L5 bilaterally :**

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 300, part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301, part of the MTUS, and the Official Disability Guidelines (ODG) Low Back Chapter, not part of the MTUS.

Rationale for the Decision:
The ACOEM Guidelines indicate that invasive techniques, such as local injections and facet joint injections of cortisone and lidocaine are “of questionable merit.” ODG low back chapter is used in support of the ACOEM Guidelines and indicates that a medial branch block can be performed if there is documentation of back pain and a lack of documentation of radicular pain. The employee complains of radicular pain at this time. The submitted records indicate that the employee has radicular symptoms, this diagnosis does not meet current guideline criteria. **The request for lumbar facet joint block medial branch L3-4, L4-5 bilaterally is not medically necessary and appropriate.**

3) **Regarding the request for possible rhizotomy :**

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 300, part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 301, part of the MTUS, and the Official Disability Guidelines (ODG) Low Back Chapter, not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The ACOEM guidelines indicate that 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 does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The records submitted for review do not indicate that a medial branch block has been performed at this time or that it was medically necessary as the employee has radicular findings on exam. Lacking support from California MTUS/ACOEM and using ODG as a secondary source in support of California MTUS/ACOEM, the ODG Low Back Chapter states that this procedure is "under study." **The request for possible rhizotomy is not medically necessary and appropriate.**

4) Regarding the request for internal medicine clearance :

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), no page cited, part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 287-298, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The ACOEM Guidelines indicate that low back complaints may be work-related in the most common problems presented to occupational health and primary care providers. They further state that "primary care or occupational physicians can effectively manage acute and subacute low back problems conservatively in the absence of red flags." The records submitted for review do not describe any significant red flags, and the employee has no significant comorbid diagnoses listed on the progress notes. Therefore, the rationale for an internal medicine consult has not been provided for this review. **The request for an internal medicine clearance is not medically necessary and appropriate**

5) Regarding the request for phsychological evaluation :

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), no page cited, part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 287-298, and the Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, page 100-101, both guidelines part of the MTUS.

Rationale for the Decision:
The ACOEM Guidelines indicate that "primary care or occupational physicians can effectively manage acute and subacute low back problems conservatively in the absence of red flags." The records submitted for review do not describe any significant red flags in the form of significant depression or anxiety or significant medication abuses that would make the employee need a psychological evaluation. The Chronic Pain Medical Treatment Guidelines indicate that psychological evaluations are generally accepted, well-established diagnostic procedures "not only with selected use in pain problems but also in more widespread use in chronic pain populations." The records do not describe significantly how much pain the employee is currently in or a specific need for this type of intervention. **The request for psychological evaluation 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

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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.