

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	11/29/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004481

- 1) MAXIMUS Federal Services, Inc. has determined the request for a repeat therapeutic lumbar epidural steroid injection at L3-L4, L4-L5, and L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar facet joint block at medial branch levels L3-L4, L4-L5, and L5-S1 bilaterally **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/29/2013. 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 a repeat therapeutic lumbar epidural steroid injection at L3-L4, L4-L5, and L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar facet joint block at medial branch levels L3-L4, L4-L5, and L5-S1 bilaterally **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, has a subspecialty in 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:

The patient is a 38-year-old male who reported a work related injury on 11/29/2008, specific mechanism of injury not stated. The patient presents for treatment for the following diagnoses, displacement thoracic/lumbar spine, other back symptoms, and lumbosacral neuritis. The clinical note dated 03/10/2013 reports the patient was recommended to undergo a second set of facet injections as well as epidural steroid injections at the L3-4, L4-5, and L5-S1 levels. The clinical note dated 03/10/2013 reported the patient initially underwent injection therapy in 01/2012. The most recent clinical note submitted for review by provider Dr. [REDACTED] documents the patient reports constant pain to the low back traveling to the left lower extremity rated at a 7/10. Upon physical exam of the patient the provider documented minor signed Valsalva and Kemp's test, as well as facets were positive bilaterally to the lumbar spine. The patient had no loss of sensibility, abnormal sensation, or pain to the hip or groin on the right throughout. Reflexes were noted to be within normal range throughout the bilateral lower extremities. The provider documented range of motion of the lumbar spine revealed 40 degrees of flexion, 20 degrees extension, and 20 degrees of bilateral lateral bending. The provider recommended the patient again undergo facet injections as well as epidural steroid injections.

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 from Claims Administrator
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a repeat therapeutic lumbar epidural steroid injection at L3-L4, L4-L5, and L-5-S1:

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), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections), which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines page 46, which is part of California Medical Treatment Utilization schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate, "Repeat blocks should be based on continued objective, document pain, and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks." Current research does not support a series of 3 injections either in the diagnostic or therapeutic phase. Medical records submitted and reviewed lack evidence of a quantifiable measurement of objective functional improvements or decrease in the employee's rate of pain. Additionally, official imaging of the employee's lumbar spine was not submitted for review evidencing any objective evidence of radiculopathy or nerve root involvement to support the requested injection therapy. Given the lack of documentation submitted for review evidencing the employee's clinical picture status post the most recent injections rendered in 04/2013, the request for repeat therapeutic lumbar epidural steroid injections are not supported. **The request for a repeat therapeutic lumbar epidural steroid injection at L3-L4, L4-L5, and L-5-S1 is not medically necessary and appropriate.**

2) Regarding the request for lumbar facet joint block at medial branch levels L3-L4, L4-L5, and L5-S1 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 Official disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections), which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Physical Methods, Chapter 12, page 300, which is part of the Medical Treatment Utilization Treatment Schedule (MTUS), and the Official Disability Guidelines (ODG), Low Back Chapter, Criteria for the use of diagnostic blocks for facet “mediated” pain, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Official Disability Guidelines indicate “there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In addition, no more than 2 joint levels may be blocked at any one time.” The clinical notes submitted for review, indicate an electrodiagnostic study that revealed evidence of radiculopathy. Documents indicate the employee presents with objective findings of radiculopathic symptomatology as well as facet mediated pain; however, specific rule out of the employee’s pain generator would be indicated at this point in treatment to further assimilate the future course of treatment. Given the lack of documentation submitted for review evidencing objective functional improvements, decrease in rate of pain and decrease in utilization of medication regimen status post the most recent injections administered, the guideline criteria have not been met.

The request for lumbar facet joint block at medial branch levels L3-4, L4-5, and L5-S1 bilaterally 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

/ldh

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.