

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	7/10/1999
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004586

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral L3-4 transforaminal injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for facet blocks L3-L4 **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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 L3-4 transforaminal injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for facet blocks L3-L4 **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 Orthopedic Surgery 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 58-year-old male who reported a work-related injury on 07/10/1999, specific mechanism of injury not stated. Subsequently, the patient presents with treatment for the following diagnoses: (1) status post lumbar fusion at L4-5 and L5-S1, specific date of procedure not stated; (2) lumbar degenerative disc disease at L3-4; (3) lumbar radiculitis; (4) muscle spasms; (5) neck pain; (6) cervical radiculitis and (7) questionable left ulnar neuropathy. The clinical note dated 10/24/2012 reported that the patient was seen for a followup under the care of Dr. [REDACTED]. The provider documented that the patient reported that he had pain radiating across his lumbar spine. The provider documented that the patient has degenerative changes at the L3-4 level and was seen in clinic for the administration of L3-4 facet blocks given the patient's ongoing pain complaints. The provider documented that upon physical exam of the patient, he had decreased range of motion of the lumbar spine with flexion at 50 degrees and extension of 10 degrees with pain, tenderness across the lower lumbar region over the facet joints and decreased sensation at the anterior thighs bilaterally at the L3-4 distribution. The provider documented 5/5 motor strength was evidenced to the bilateral upper extremities. The provider documented that the patient would undergo bilateral L3-4 facet blocks for diagnostic purposes. Dr. [REDACTED] documented that if the patient improved status post injections, he would consider a medial branch block and subsequent rhizotomies for the patient's pain complaints. The MRI of the patient's lumbar spine dated 07/17/2013, signed by Dr. [REDACTED], revealed (1) postoperative changes were seen at the lower lumbar spine with hardware, but no evidence for neural foraminal narrowing or central spinal canal stenosis and (2) disc bulges and protrusions were seen throughout the mid to upper lumbar spine from L1-2 through L3-4 with central spinal canal stenosis and neural foraminal narrowing. The clinical note dated 07/03/2013 reports that the patient was seen again under the care of Dr. [REDACTED]. The provider documented that the

patient reported initial improvements status post his initial injections at the L3-4 facets on 10/24/2012. The provider documented that the patient continued to also report paresthesias to the thighs as well as back pain. The provider documented that the patient had stenosis and spondylosis at the L3-4 level with facet arthropathy and compression of the exiting nerves. The provider documented that the patient utilizes OxyContin 80 mg 3 times a day. Upon physical exam of the patient, range of motion of the lumbar spine was noted to be at 40 degrees of flexion, 13 degrees of extension, 9 degrees of right lateral rotation, 10 degrees of left lateral rotation and 11 degrees of bilateral lateral bending. The patient had 5/5 motor strength noted throughout the bilateral lower extremities. The provider documented decreased sensation at the anterior thighs bilaterally. The patient had pain with lumbar extension and rotation as well as tenderness across the lumbar spine over the facet joints. The provider documented a negative Patrick's test. The provider documented that as the patient has decreased sensation to the thighs and compression at the L3-4 level via imaging studies, a request for transforaminal injections at the L3-4 level was recommended. The provider additionally recommended repeating the L3-4 facet blocks on a separate date.

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 & Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral L3-4 transforaminal injection :

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 Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental (ACOEM) Guidelines, 2nd Edition (2004), which are part of the MTUS, and the Official Disability Guidelines (ODG), which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state "Radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing." The records submitted and reviewed indicate there is a lack of MRI or electrodiagnostic evidence of the employee presenting with nerve root involvement at the L3-4 level. A recent MRI of the lumbar spine dated 7/17/2013 revealed L3-4 level moderate narrowing of the caudal margin of the orifices of the neural foramina bilaterally, right foraminal annular tear, facet arthropathy and moderate central spinal stenosis. However, there was no mention of any nerve

root impingement or involvement to support the current request. Additionally, upon physical exam, the clinical notes lacked evidence of objective findings of radiculopathy. **The request for bilateral L3-4 transforaminal injection is not medically necessary and appropriate.**

2) Regarding the request for facet blocks L3-L4 :

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), which are not part of the MTUS.

The Expert Reviewer based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, page 300, which is part of the MTUS, and the Official Disability Guidelines (ODG), Criteria for Use of Diagnostic Blocks for Facet Mediated Pain, which are not part of the MTUS.

Rationale for the Decision:

The ODG states, "With respect to facet joint intra-articular therapeutic injections, no more than 1 therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medical branch block is positive)." The records submitted and reviewed indicate the employee had previously undergone L3-4 facet blocks on 10/24/2012 with reported improvements. The provider documented that the plan of treatment was for the employee to proceed with a medial branch block with subsequent possible rhizotomy at the L3-4 level. As noted in the previous adverse determination, the request for repeat facet injections does not meet guideline recommendations.

The request for facet blocks at L3-4 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

/sab

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.