

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	9/7/2008
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005327

- 1) MAXIMUS Federal Services, Inc. has determined the request for a bilateral L4-5, L5-S1 facet injections medial branch **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 bilateral L4-5, L5-S1 facet injections medial branch **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.

Expert Reviewer Case Summary:

The patient is a 51-year-old with bilateral L5 and S1 radiculopathy on electromyography (EMG). It was noted that the patient reported one week of pain relief with prior epidural injections and 70% pain relief with prior diagnostic facet injections bilaterally, but did not benefit from radiofrequency ablation (RFA) unilaterally. The progress report dated 6/3/13 noted that the patient reported that 80% of the pain is in the low back and 20% is in the leg. The progress report dated 7/1/13 noted that the patient complained of constant 8/10 lumbosacral pain that travels down into the bilateral buttocks and left foot associated with numbness and tingling sensation in the left foot. The treating provider recommended repeating the diagnostic facet injections, medial branch, bilaterally at L4-5 and L5-S1

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for bilateral L4-5, L5-S1 facet injections medial branch:**

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 Procedure, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on The Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks Injections, which is not part of the MTUS.

Rationale for the Decision:

The ODG guidelines states that the criteria for the use of diagnostic blocks for facet mediated pain is that the clinical presentation should be consistent with facet joint pain, signs and symptoms. Guidelines also state that one set of diagnostic medial branch blocks is required with a response of more than 70% and the pain response should last at least 2 hours for Lidocaine. In this case, the employee has had a positive response from prior facet injections, which has established facet mediated pain and there is no indication for a second set of diagnostic injections. **The request for a bilateral L4-5, L5-S1 facet injections medial branch 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

/th

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.