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

Notice of Independent Medical Review Determination

Dated: 12/2/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/23/2013
Date of Injury:	12/16/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005549

1) MAXIMUS Federal Services, Inc. has determined the request **for Lumbar (L) and Sacra (S) L3-S1 medical branch blocks is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **urine toxicology screening is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 **L3-S1 medical branch blocks** 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 Preventive Medicine and Occupational Medicine, 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:
All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [redacted], is a represented [redacted] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 16, 2009.

Thus far, he has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers and various specialties; laser procedures for the shoulder; unspecified amounts of acupuncture; prior shoulder surgeries in 2010, 2011, and 2012; and apparent return to some form of work.

A June 14, 2013, handwritten progress note suggested the applicant is working.

In a July 23, 2013, utilization review report, the claims administrator certifies medial branch blocks at L4-L5 and L5-S1.

In an appeal dated August 30, 2013, the attending provider notes that he believes that the applicant has multilevel facet arthropathy noted on prior MRI imaging of February 5, 2010. The attending provider goes onto state that he believes biannual urine drug testing is appropriate. It is incidentally noted that the applicant's complete drug list is not documented on office visits of June 19, 2013 on the August 30, 2013 appeal letter or on multiple prior handwritten progress notes.

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 L3-S1 medical branch blocks:**

   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 CA MTUS Chronic Pain Treatment Guidelines, pp. 90-91.

   The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 12, Table 12-8 and Physical Methods, which are part of the MTUS.

   Rationale for the Decision:
   As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, facet joint injections are not recommended. This is echoed by the commentary in ACOEM Chapter 12, which suggested invasive techniques such as facet joint injections are of questionable merit. In this case, the fact that the employee has multifocal pain complaints about the low back, bilateral shoulders, legs, etc., suggest the lack of diagnostic clarity, further arguing against the need for facet joint injections. **The request for L3-S1 medical branch blocks** is not **medically necessary and appropriate.**

2) **Regarding the request for urine toxicology screening:**

   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 Office of Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing, which is not part of the MTUS.

   The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (2009), Page 43, which is part of MTUS, and ODG, Pain Chapter, Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:
While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of urine drug testing to assess for the presence or absence of illicit drugs in the chronic pain population, the MTUS does not discuss or address the frequency of urine drug testing or the parameters under which urine drug testing should be performed. The ODG Chronic Pain Chapter urine drug testing topic states that criteria for use of urine drug testing include usage of the rules and best practices of the department of transportation. In this case, however, the attending provider has not stated which drugs are going to be tested, or whether there is qualitative testing or quantitative testing, as recommended in ODG. The attending provider has also failed to furnish the employee's complete medication list on any recent office visit, additional criteria set forth in ODG for pursuit of urine drug testing. **The request for urine toxicology screening 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

/cmol

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.