

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: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	1/10/2010
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005898

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral lumbar facet joint medial branch block at L4-5, L5-S1 levels under fluoroscopy guidance, with MAC anesthesia **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 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 lumbar facet joint medial branch block at L4-5, L5-S1 levels under fluoroscopy guidance, with MAC anesthesia 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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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 52-year-old worker who sustained an injury and has been diagnosed with lower back pain. A utilization review was performed on 6/26/13. The clinical issue at hand is whether the bilateral lumbar facet joint medial branch block at L4-5, L5-S1 levels under fluoroscopy guidance, with MAC anesthesia is medically necessary and appropriate.

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** bilateral lumbar facet joint medial branch block at L4-5, L5-S1 levels under fluoroscopy guidance, with MAC anesthesia:

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 Original Disability Guidelines (ODG) for Lumbar Spine, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004),

pages 300 and 309, and the Official Disability Guidelines (ODG), Low Back, Facet Joint Injections, which is not part of the MTUS.

Rationale for the Decision:

The 2009 MTUS citation noted above indicates facet joint injections are not recommended. However, it is likely that intra-articular facet joint injections are not what the treating provider intends to perform, but instead wishes to perform diagnostic medial branch blocks for possible radiofrequency lesioning. The 2009 MTUS citation noted above also indicates “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.” It is not clear what type of fusion the employee had, however with a posterior approach with bilateral pedicle screws, it would be inadvisable to attempt radiofrequency ablation using standard technique. **The request for a bilateral lumbar facet joint medial branch block at L4-5, L5-S1 levels under fluoroscopy guidance, with MAC anesthesia 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

/dat

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.