
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 6/10/2009
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006726

- 1) MAXIMUS Federal Services, Inc. has determined the request for a therapeutic epidural steroid injection (ESI) of the lumbar spine at L3-L4 and L4-L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for L medial branch block (MBB) at L3-L4 and L4-L5 bilaterally **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a rhizotomy bilaterally, levels unknown until completion of MBB **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for medical clearance and a psychological evaluation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for all procedures performed on the same day **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 therapeutic epidural steroid injection (ESI) of the lumbar spine at L3-L4 and L4-L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for L medial branch block (MBB) at L3-L4 and L4-L5 bilaterally **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a rhizotomy bilaterally, levels unknown until completion of MBB **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for medical clearance and a psychological evaluation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for all procedures performed on the same day **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. 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:

Date of injury from 6/10/09, with MRI of L-spine from 9/25/09 showing right HNP at L3-4, annular tear at L4-5. The patient had 2nd ESI on 6/4/13 with pain relief for 2 weeks.

Patient has pain in low back to mid back, right buttock, right ant thigh, occasional numbness and tingling in the right leg.

8/20/13 treater's note describes low back pain, pulsing and aching at 4-5/10 with reduction to 3-4/10 with meds. Exam has positive facet/Kemp on right but negative on left. (this was negative bilaterally on 8/7/13 and 6/25/13 reports)

MRI L-spine from 9/25/09 showed right HNP L3-4, annular tear 4-5.

While the treater's note from 8/20/13 described pain reduction following lumbar ESI, Dr. [REDACTED] report from 6/26/13 shows no improvement following ESI. He reports that the patient continues have pain at 5-6/10 since last office visit, with radiation down right leg with spasms and numbness. This was 16 days following ESI.

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 a therapeutic epidural steroid injection (ESI) of the lumbar spine at L3-L4 and L4-L5:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is part of the MTUS, and the ODG, Low Back, ESI, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 47, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines require a 50% reduction of pain lasting at least 6-8 weeks for repeat injection. In this employee, pain relief from the second injection from June 2013 only lasted two (2) weeks. Sixteen (16) days after the 06/04/13 injection, the medical records provided for review indicate no changes in low back or leg symptoms. Repeat injection is not supported by guidelines. **The request for a therapeutic epidural steroid injection (ESI) of the lumbar spine at L3-L4 and L4-L5 is not medically necessary and appropriate.**

2) Regarding the request for L medial branch block (MBB) at L3-L4 and L4-L5 bilaterally:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the ACOEM Practice Guidelines, 2nd Ed., Chapter 12, which is part of the MTUS, and the ODG, Low Back Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pgs. 300-301, which is part of the MTUS, and the Official Disability Guidelines (ODG), Facet Joint Pain, which is not part of the MTUS.

Rationale for the Decision:

This employee suffers from chronic low back and leg pains with MRI showing disc herniation at L3-4 and annular tear at L4-5. Pain is located in low back, mid back right buttock with occasional numbness and tingling in the leg. While facet diagnostic evaluation may be indicated, this employee's examinations show inconsistencies. Only on one occasion did the report show positive facet maneuver with two other reports showing negative findings. This would seem to mean that the employee does not consistently present with palpable tenderness over the paravertebral area or facet joints. In this situation ODG does not support evaluation of facet joints. ODG recommends tenderness to palpation in the paravertebral areas, normal sensory exam, absence of radicular findings and normal straight leg raise. In this employee, paravertebral tenderness is not consistently found. Furthermore, the request is for bilateral procedures but the employee has right buttock pain. The employee may not require evaluation of both side facet joints. **The request for L medial branch block (MBB) at L3-L4 and L4-L5 bilaterally is not medically necessary and appropriate.**

3) Regarding the request for a rhizotomy bilaterally, levels unknown until completion of MBB:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pgs. 174, 300-301, which are part of the MTUS.

Rationale for the Decision:

Since the employee does not yet have a facet joint syndrome as a diagnosis, RF ablation would not be indicated. The employee lacks a positive response from a diagnostic DMB block. **The request for a rhizotomy bilaterally, levels unknown until completion of MBB is not medically necessary and appropriate.**

4) Regarding the request for medical clearance and a psychological evaluation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 46-47, which are part of the MTUS.

Rationale for the Decision:

None of the guideline discuss medical/psychological clearance prior to ESI's or facet joint evaluations. All of these procedures are denied based on MTUS and ACOEM guidelines. There is no reason to perform medical/psychological clearance. Per MTUS definition, ESI's, MBB's do not fall under the definition of surgery. **The request for medical clearance and a psychological evaluation is not medically necessary and appropriate.**

5) Regarding the request for all procedures performed on the same day:

Since the procedures are not medically necessary and appropriate, none of the associated services are 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

/reg

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.