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**Notice of Independent Medical Review Determination**

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

2/5/2013

4/1/2013

5/1/2013

CM13-0000285

- 1) MAXIMUS Federal Services, Inc. has determined the request for outpatient bilateral facet injections at the L4-5 and L5-S1 levels **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for bilateral transforaminal epidural steroid injections at L5 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/1/2013 disputing the Utilization Review Denial dated 4/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 outpatient bilateral facet injections at the L4-5 and L5-S1 levels **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for bilateral transforaminal epidural steroid injections at L5 **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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 4, 2013.

"Description of Alleged Injury: Employee was Involved In accident with a car while in control of light rail train, Injuring her back

injections at the L4-5 and LS-S1 levels and outpatient bilateral transformlnal epidural steroid Injection at L5 level,

Reason for Difference: It Is the opinion of the reviewing physician that, this claimant was Injured two months ago. Request is for facet injections at L4LS and L5 S•l plus epidural steroid injections at L5.

"Note From 3/6/13 shows claimant has pain over the lumbar spine which radiates Into her right and left buttocks of severe muscle spasms. Claimant has trouble getting on and off table. DTRs are 1+ and symmetric, bilateral sensation, motor In reflex testing is normal. SLR is negative. The claimant later appears to have less discomfort. MRI shows broad based disc protrusion which contacts the traversing left S•l nerve root. California facet blocks."

### 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 for Independent Medical Review dated 5/01/2013

- Utilization Review Determination provided by [REDACTED] date 04/04/2013
- Medical Records from 2/06/2013 through 7/12/2013
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2004, 2<sup>nd</sup> Edition, Low Back Complaints, Chapter 12, Table 12-8, Injections pages 308-309
- Chronic Pain Medical Treatment Guidelines, 2009, ESI's, page 46

**1) Regarding the request for outpatient bilateral facet injections at the L4-5 and L5-S1 levels:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2<sup>nd</sup> Edition, 2004, Low Back Complaints, Chapter 12, Table 12-8, Injections, pages 308-309, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back in a vehicle accident on 2/05/2013. She developed low back and upper buttock symptoms. An MRI report dated 4/01/2013 revealed an L4-5 3mm broad-based posterior disc protrusion causing mild central canal stenosis and with facet hypertrophy. The request was made for outpatient bilateral facet injections at the L4-5 and L5-S1 levels.

The ACOEM Guidelines, 2004, 2<sup>nd</sup> Edition, Chapter 12, Table 12-8, pages 308-309, specifically lists facet injections as "not recommended." The request for the lumbar facet injections is for therapeutic and diagnostic value. The criteria for the requested treatment is not established. The request for the outpatient bilateral facet injections at the L4-5 and L5-S1 levels is not medically necessary and appropriate.

**2) Regarding the request for bilateral transforaminal epidural steroid injections at L5:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, 2009, ESI's, page 46, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee injured the low back in a vehicle accident on 2/05/2013. She

developed low back and upper buttock symptoms. An MRI report dated 4/01/2013 revealed an L4-5 3mm broad-based posterior disc protrusion causing mild central canal stenosis and with facet hypertrophy. The request was made for bilateral transforaminal epidural steroid injections at L5.

MTUS Chronic Pain Guidelines, page 46 does not support lumbar epidural injections without radiculopathy being documented by physical examination and corroborated by electrodiagnostic studies and/or imaging studies. The MRI supports the findings for the requested procedure, but there does not appear to be documented subjective and objective criteria for support. The request for bilateral transforaminal epidural steroid injections at L5 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.