
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 18, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 4/7/2010
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0012053

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Oklahoma and Texas. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35 year old female who reported an injury on 04/07/2010 due to an industrial accident. An MRI revealed posterior disc bulges at C4-C5 and C5-C6 which result in mild degrees of central canal and neural foraminal stenosis. It was also noted that there was minimal neural foraminal narrowing at C6-C7 secondary to vertebral body spurring. The patient underwent an epidural steroid injection on 06/08/2012 to the C7-T1 levels, which gave her approximately 50% relief from pain for only one week. On 08/30/2013, it was noted that she her current medications include Norco, Klonopin, Zoloft, Lidoderm patch, and Flexeril. She has continued to have increased neck pain that radiates to her upper extremity down to the level of the elbow as well as expressed pain of her sacroiliac joints. She had a positive bilateral Gaenslen's and Faber's tests. On that date, her medications were refilled and she was advised to increase her physical activity and exercise.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Left cervical facet injection 3 levels under fluoroscopic guidance. is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper Back Chapter, pg. 181, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper Back Chapter, Initial Care, page 173, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint diagnostic blocks, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

According to CA MTUS/ACOEM, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints†, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain". The employee is considered as having chronic pain and has had continued pain for over three years due to injuries. However, Official Disability Guidelines states that a facet joint injection is not warranted until there has been documented failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. There is no objective information to show the employee participated in physical therapy and/or home exercise therapy prior to resorting to a facet joint injection. Official Disability Guidelines state that "No more than 2 joint levels are injected in one session". As the requested services are for a left cervical facet injection 3 levels, it does not meet the guideline criteria and is not considered medically necessary. **The request for left cervical facet injection 3 levels under fluoroscopic guidance. is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0012053