

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 6/4/1994
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0012797

DEAR [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, has a subspecialty in pain medicine and is licensed to practice in Ohio 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 55-year-old who reported an injury on 06/04/1994. Current diagnoses include lumbar sprain and strain, lumbar facet syndrome, trochanteric bursitis, piriformis syndrome, lumbosacral radiculopathy, chronic pain, neck pain, rib fracture (closed), pancreatitis, dyspepsia, edema, back pain, esophagitis, costal pain, and lumbar disc herniation. The patient was most recently seen by Dr. [REDACTED] on 09/12/2013. Physical examination revealed tenderness to palpation of the left lumbar paraspinal muscles with spasm, tenderness at the left posterior superior iliac spine, tenderness in the bilateral lumbar facet joints, decreased range of motion secondary to pain. Treatment plan included continuation of current medications and an x-ray of the lumbar spine.

IMR DECISION(S) AND RATIONALE(S)

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

1. A right lumbar facet joint injections to cover L2-L3 through L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Low Back Complaint Chapter, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Complaint Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The Official Disability Guidelines state criteria for the use of diagnostic blocks for facet nerve pain includes clinical presentation consistent with facet joint pain, signs, and symptoms. They are limited to patients with cervical pain that is nonradicular and at no more than two levels bilaterally. There should be documentation of a failure to respond to previous conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than two joint levels are injected in 1 sessions. As per the clinical notes submitted, there is no indication that the employee has failed a trial of physical therapy and oral medications. There were no imaging reports submitted for review to corroborate a diagnosis of lumbar facet syndrome. The employee also maintains a diagnosis of lumbosacral radiculopathy. **The request for a right lumbar facet joint injections to cover L2-L3 through L5-S1 is not medically necessary and appropriate.**

/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.

[REDACTED]

CM13-0012797