

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	10/30/2006
IMR Application Received:	7/11/2013
MAXIMUS Case Number:	CM13-0001225

- 1) MAXIMUS Federal Services, Inc. has determined the request for repeat bilateral L4-L5, L5-S1 facet joint Injections **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 repeat bilateral L4-L5, L5-S1 facet joint Injections **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, has a subspecialty in Pain Management 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 July 3, 2013

“According to the Progress Report (PR-2) dated 06/11/13 by Dr. [REDACTED], the patient continued to have low back pain radiating to lower extremities. The patient noted the pain at baseline was tolerable with oral medications, however 2-3 times per year; patient did have flare-ups requiring epidural injections. In the past, the epidural done via the transforaminal route had been more effective. The patient reported pain was worsened in cold weather. The patient was not able to exercise because of work schedule; the patient had been working from 3 pm to 2 am. The patient had allergies to Celebrex causing left chest vibrations/palpitations. On examination, sensation was normal. The back was non tender to palpation. The patient was able to perform full range of motion in the lumbar spine without pain: Straight leg raise was negative bilaterally. Patrick's test was negative. The patient was diagnosed with axial back pain status post back surgery x2; lumbar facet arthropathy and lumbar radiculopathy.”

### 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 7/11/2013
- Utilization Review Determination provided by [REDACTED], [REDACTED] dated 7/03/2013
- Medical Records from 12/27/2011 through 5/29/2013
- Official Disability Guidelines (ODG), Current Version, Low Back Section, Facet Joint Injections

**1) Regarding the request for repeat bilateral L4-L5, L5-S1 facet joint Injections:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Low Back Section, Facet Joint Injections, a Medical Treatment Guideline (MTG), not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer stated the ODG, which is a MTG guideline not in the MTUS and is the most recent version of the MTG was, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured his low back in an accident on 10/30/2006. The submitted medical records indicate that the employee has had bilateral L4-5 and L5-S1 facet injections on 5/29/2013. The request was made for repeat bilateral L4-5, L5-S1 facet joint injections.

ODG specifies that no more than one therapeutic intra-articular block is recommended. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch block. The records do not include documentation of duration of pain relief or percentage of pain reduction. The request for the repeat bilateral L4-L5, L5-S1 facet joint injections 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.