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**Notice of Independent Medical Review Determination**

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

5/24/2001

7/18/2013

CM13-0002097

- 1) MAXIMUS Federal Services, Inc. has determined the request for L4-5 facet blocks **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 L4-5 facet blocks **is 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 & 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 July 10, 2013:

"In this case, the claimant is a 47-year-old sustaining injury on 09/21/2000 and underwent L4-5 disk replacement and L5-S1 lumbar fusion on 02/26/09. The claimant complains of severe low back pain and radicular symptoms into the bilateral lower extremities. Peer discussion with the provider's P A indicates that states that the claimant has primarily back pain currently, rather than leg pain. The PA states that the claimant originally reported 60% back/40% leg pain but a recent telephone call to discuss the outcome of the lab work had her reporting that the back pain was really the main issue right now. She states that the claimant has exquisite tenderness on palpation at the right-sided L4-5 level and she had a bad muscle spasm on direct extension (without rotation). Addressing the use of facet injections in previous fusion cases, she states that the claimant's fusion is at L5/S1 and is stable but she had a disc replacement at the L4-5 level, noting that there is much movement at those joints. The P A indicates that the plan is to use these blocks for diagnostic purposes and move to RF A if they are successful. However, guidelines do not support the use of facet blocks for those with radicular symptoms and this claimant continues to have radicular complaints. Absent clear and detailed documentation of extenuating circumstances, the requested intervention is not supported by evidence based guidelines or the submitted clinical records. Recommend non-certification."

### **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 (received 7/18/2013)
- Utilization Review by [REDACTED] (dated 7/10/2013)
- Medical Treatment Utilization Schedule (MTUS)

**Note:** No medical records were provided timely by the claims administrator, provider, or employee.

### **1) Regarding the request for L4-5 facet blocks:**

#### 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, Chapter 12, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, which are medical treatment guidelines that are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that while the issue at dispute is addressed in MTUS ACOEM Guidelines, per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Low Back Chapter guidelines used by the Claims Administrator were more relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 5/24/01 and has experienced lower back pain with radiating pain to the bilateral lower extremities. The medical records provided for review indicate that the employee had a L4-5 disc replacement and L5-S1 lumbar fusion performed on 2/26/09. The medical records indicate that the employee has a diagnosis of low back pain with bilateral lower extremity radiculopathy. The request was submitted for L4-5 facet blocks.

The Official Disability Guidelines do not recommend facet joint injections at levels that are fused. The medical records provided for review indicate that the requesting provider notes that the patient had disc replacement at L4-5 and not fusion surgery performed. Based on the medical records provided for review, facet joints at L3-4 and L4-5 would be appropriate in this situation with evaluation of L3-4 level more pertinent. The patient's examination and presentation also provide that the pain is greater to right side. The record also indicates that the patient has radicular symptoms but back symptoms are more significant. The request for L4-5 facet blocks **is 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  
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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.