

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	9/21/2001
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004258

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar facet block L2-5 under fluoroscopy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 a lumbar facet block L2-5 under fluoroscopy **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 July 9, 2013:

CLINICAL SUMMARY: This is an injured worker with date of injury 09/21/2001. The patient was last evaluated on June 11, 2013. The patient presented for follow up on complaints of back and knee pain. The patient reported increased symptoms in the low back. The patient reports that the medications provided some control of the pain. The patient continues to work. The patient is using Celebrex, and Norco for analgesia. Physical examination revealed limited lumbar range of motion with pain extending to the right buttock and hip. There was tenderness over the facet joints in the right and in the bilateral paraspinous muscles. There was a negative SLR bilaterally. The patient was recommended to proceed with right-sided injections. The patient was noted to have facet changes on the lumbar MRI.

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
- Utilization Review Determination
- Employee medical records from ([REDACTED])
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a lumbar facet block L2-5 under fluoroscopy:

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), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pg. 300, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the Official Disability Guidelines (ODG), Low Back Chapter, which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/21/2001 and has experienced back and knee pain. Treatment has included imaging, EMG/NCS, prior injections, and medications. A request was submitted for a lumbar facet block L2-5 under fluoroscopy.

The ACOEM guidelines state facet injections of cortisone and lidocaine are of questionable merit. Table 12-8 stated that Facet Joint Injections are not recommended. Medical records submitted and reviewed indicate the employee has chronic pain with pain variances from left to right with leg pain. The MRI report submitted for review showed evidence of disc protrusion and nerve root compression. Documentation submitted and reviewed indicate it is not likely that the employee's pain is facet related and therefore unlikely to benefit from facet injections. The request for a lumbar facet block L2-5 under fluoroscopy **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, 18th Floor
Oakland, CA 94612

/ldh

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.