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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 3/2/2011  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0007382

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]  
dso

## 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 Illinois, Indiana, 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 the Claims Administrator and the employee/employee representative
- 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 45 year old male who reported an injury to his low back on 3/02/2011. His diagnosis is reported to be a sprain/strain of the lumbar spine. The mechanism of injury was reported to be when the patient was preparing a pallet for shipping and felt a popping sensation in his low back. The patient is noted to have undergone an internal medicine panel Qualified Medical Examination (QME) on 8/04/2012 which stated there was no data to indicate any occupational association with regards to diabetes mellitus or elevated blood pressure. The sleep disorder requires additional evaluation. On 8/07/2012, a supplemental report signed by Dr. [REDACTED] reported he reviewed an MRI of the lumbar spine dated 7/20/2012 which showed L2-3 facet joint hypertrophy without canal or foraminal stenosis. At L3-4, there was a 2 mm disc bulge with facet hypertrophy resulting in mild central canal stenosis with moderate left and mild right neural foraminal stenosis due to lateral disc extension and facet hypertrophy. At L4-5, there was an annular bulge which abutted the thecal sac with mild to moderate central canal stenosis and moderate right and mild left neural foraminal stenosis. At L5-S1, there was a 2 mm disc bulge without central foraminal stenosis. Dr. [REDACTED] stated at the time of his evaluation of the patient on 2/09/2012, the patient complained of pain radiating into both legs, both thighs not distal to his knees, and complained of numbness in the medial portion of his thighs and he felt that the MRI studies may indicate a clinically significant herniated disc at the L3-4 or L4-5 levels and he recommended further diagnostic testing of the lower extremities to further evaluate for a clinically significant lower extremity radiculopathy. A panel QME in psychiatry dated 1/04/2013 by Dr. [REDACTED] reported that in their opinion the predominant cause of greater than 50% of the patient's depressive disorder with anxiety is the orthopedic injuries he sustained on 3/02/2011 and it was stated all psychological treatment to date should be considered medically necessary and industrially related and as a future provision it was recommended the patient receive 12 to 16 sessions of supportive individual therapy to be provided on a weekly basis and the patient should also have access to psychotropic medications for a period of 1 year and if the patient continued to experience ongoing orthopedic pain and depressive symptoms, it was recommended that the patient be tried on Cymbalta 60 mg which is known to successfully

address both depression and pain. A supplemental report signed by Dr. [REDACTED] on 6/22/2013 noted the patient had undergone an electrodiagnostic study on 6/14/2013 which reported the right gastrocnemius muscle showed increased insertional activity and noted there was a suggestion of a mild right S1 radiculopathy. The patient is noted to have been previously recommended for epidural steroid injections by Dr. [REDACTED] on 1/08/2013 and Dr. [REDACTED] felt he should be considered for a series of 2 to 3 lumbar epidural steroid injections as recommended by his treating physician.

### **IMR DECISION(S) AND RATIONALE(S)**

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

**1. The request for bilateral lumbar facet joint injections at L3-4, L4-5 and L5-S1 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints Chapter of ACOEM Occupational Medicine Practice Guidelines, pages 308-310, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, Low Back Complaints, pages 301, and 308-310, which is part of the MTUS, as well as the Official Disability Guidelines (ODG), which is not a part of the MTUS.

The Physician Reviewer's decision rationale: The California MTUS Guidelines do not recommend lumbar facet injections. The ODG state that facet joint intra-articular injections are under study and should not be given if there is evidence of radicular pain, spinal stenosis, or a previous fusion and should not be given at more than 2 levels. Given the employee's findings of mild to moderate central stenosis at L4-5, mild central stenosis at L3-4, the employee's complaints of radiating pain to the bilateral lower extremities involving both thighs with numbness of the medial portion of both thighs, an electrodiagnostic study indicating findings of mild right S1 radiculopathy, the requested bilateral facet injections are at 3 levels, there is no clinical documentation submitted for review noting that the employee has findings of facet mediated pain, and the California MTUS Guidelines do not recommend facet joint injections.

**The request for bilateral lumbar facet joint injection at L3-4, L4-5 and L5-S1 is not medically necessary and appropriate.**

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[REDACTED]  
[REDACTED]  
[REDACTED]