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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2874
[redacted]

Dated: 12/30/2013

IMR Case Number:	CM13-0022977	**Date of Injury:**	09/21/2000
Claims Number:	[redacted]	**UR Denial Date:**	08/12/2013
Priority:	STANDARD	**Application Received:**	09/11/2013
Employee Name:	[redacted]		
Provider Name:	[redacted], MD		
Treatment(s) in Dispute Listed on IMR Application:			
FACET BLOCK OF LUMBAR SPINE L4-5 RIGHT SELECTIVE NERVE ROOT BLOCKS L4-5, L5-S1 RIGHT			

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 Orthopedic Surgery has a subspecialty in Spinal Surgery 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 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 47-year-old female who reported an injury to her neck and low back on 09/12/2000. She is noted to have previously undergone an ACDF on an unstated date and to have undergone a lumbar anterior interbody fusion at L5-S1 with an L4-5 disc replacement on 02/26/2009. A clinical note dated 05/01/2013 reported the patient had done well until approximately 03/2013, when she began to develop ongoing low back pain, left hip pain, and bilateral foot pain. She is noted to have undergone a CT of the lumbar spine without contrast on 06/24/2013, which noted findings of an interbody fusion at L5-S1 with a disc prosthesis at L4-5, with no findings of acute fracture or subluxation. There was no central canal stenosis noted at L5-S1. There was mild bilateral neural foraminal stenosis. At L4-5, there was no central or neural foraminal stenosis noted. A clinical note dated 06/24/2013, signed by Dr. [redacted] reported the patient had done quite well, but in the past 2 months, had developed severe bilateral leg pain, which she rated 7/10, and noted it was worse with driving and sitting. The patient is reported to have undergone transforaminal epidural steroid injections on 06/05/2013 and 06/14/2013 with mild benefit. X-rays of the lumbar spine performed on 06/27/2013 noted a stable examination, demonstrating an anterior fusion at L5-S1 and artificial disc replacement at L4-5. On 07/29/2013, the patient is reported to have increasingly severe back pain with bilateral leg pain and spasms. The pain was reported to be located on the right paravertebral area with severe muscular spasms along that region. A review of the CT scan noted there was some mild facet arthropathy on the right side, and on neurological exam, the patient was noted to have 3+ paravertebral lumbar spasms, right greater than left. Her right sciatic notch was tender and her pain was severe. She went into tonic clonic jerking motions in the lumbar spine. On motor exam, the patient was noted to have 5/5 strength of the lower extremities with intact sensory. A request was made for lumbar facet injections.

IMR DECISION(S) AND RATIONALE(S)

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

1. Facet block of lumbar spine, L4-5 right is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The employee is a 47-year-old female who reported an injury to her low back and cervical spine on 09/12/2000. The employee is noted to have undergone an cervical anterior discectomy and fusion in 2008 and to have undergone an anterior lumbar anterior interbody fusion at L5-S1 with artificial disc replacement at L4-5 in 2009. Te employee was reported to have done well after the surgery until approximately 03/2013 or 04/2013, when the employee developed severe ongoing low back pain with bilateral lower extremity pain. The employee is reported on physical examination to have tenderness to palpation with spasms bilaterally appreciated, right greater than left. The employee was exquisitely tender to palpation over the right lumbar spine. The employee's motor strength was grossly intact to the bilateral lower extremities. On neurological exam, the employee was noted to have right sciatic notch tenderness. The employee was noted to have undergone a CT scan, which was reported to show findings of facet arthropathy on the right at L4-5. The Official Disability Guidelines state that therapeutic intra-articular facet injections are not recommended if there is evidence of radicular pain or a previous fusion. As the employee is noted to have undergone a fusion at L5-S1 and is reported to complain of radicular pain, and the California MTUS Guidelines do not recommend facet joint injections, the requested facet blocks of the lumbar spine, L4-5 right is neither medically necessary or appropriate. **The request for a facet block of lumbar spine L4-5 right is not medically necessary and appropriate.**

2. Selective nerve root blocks L4-5, L5-S1 right is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disabiity Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection Section, page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee is a 47-year-old female who reported an injury to her neck and low back on 09/12/2000. The employee is noted to have undergone a cervical fusion at C5-6 in 2008 and is reported to have undergone an anterior interbody fusion of the lumbar spine at L5-S1 with artificial disc placement at L4-5 in 2009. The employee was reported to have done well following the surgery, until early spring in 2002, when the employee developed low back pain with radiation of pain to her bilateral lower extremities. The employee is noted to have undergone a CT of the lumbar spine on 06/24/2013, which reported a disc prosthesis in place at L4-5 with no central canal or neural foraminal stenosis, and an interbody fusion at L5-S1 with no central stenosis and mild bilateral foraminal stenosis. The employee is noted on physical examination to have negative straight leg raising, intact sensation to neurological examination,

and 5/5 muscle strength of the lower extremities. The employee is reported to have undergone previous lumbar epidural steroid blocks on 06/05/2013 and 06/14/2013, with mild benefit. The California MTUS Guidelines recommend lumbar epidural steroid injections for complaints of radiculopathy that are corroborated by findings of radiculopathy on physical examination and imaging studies or electrodiagnostic testing. The employee is noted to have undergone transforaminal epidural steroid injections on 06/05/2013 and 06/14/2013 at unstated levels with mild benefit. The guidelines state that a second block is not recommended if there is inadequate response to the first block. Given there is no documentation on physical exam of neurological deficits and the CT of the lumbar spine notes no findings of central canal stenosis or neural foraminal narrowing at L4-5, and only mid bilateral neural foraminal narrowing at L5-S1, and the employee has undergone previous transforaminal epidural steroid injections with only mild benefit, the requested selective nerve root blocks at L4-5, L5-S1 on the right do not meet guideline recommendations. **The request for selective nerve root blocks L4-5, L5-S1 is not medically necessary and appropriate.**

/JR

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.

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