

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009



April 26, 2013

**Notice of Standard Independent Medical Review Determination  
Case No. CM13-000039**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Determination:** MAXIMUS Federal Services, Inc. has determined the requested bilateral facet injections L4/5 (quantity 1); bilateral facet injections L5/S1 (quantity 1); and bilateral L5 transforaminal epidural steroid injections (quantity 1) are **not medically necessary**.

A request for a standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

**Medical Qualifications of the Professional 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 Anesthesiology, holds a Sub-Specialty Board Certification in Pain Medicine 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 professional 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.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 27, 2013

“[Employee] is a 46 year old female whose chair wheeled out from under her while at work on 01/15/13, injuring her lower back. She has been released to modified duty. The low back has been accepted by the carrier. When last seen by [doctor] on 2/19/13, she c/o stiffness and spasms in the back and bilateral buttocks pain. The pain and tingling that had spread down the legs to her feet had resolved. X-ray of the lumbar spine (2/1/13) reportedly showed degenerative changes, and the MRI of the lumbar spine (2/4/13) was officially read as showing ‘minimal left paracentral disk bulge at L4-5 without stenosis’ and showed ‘mild disc desiccation at L4-5.’ There was no reported EMG or reports of other procedures. [Doctor] requested the noted procedures at the conclusion of the visit of 2/19/13.”

### Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for IMR
- Utilization Review by [REDACTED] (dated 3/22/13)
- Utilization Review by [REDACTED] (dated 2/27/13)
- ODG – Low Back Chapter; Facet Joint Medial Branch Blocks (Therapeutic Injections)
- Chronic Pain Medical Treatment Guidelines – Page 46
- Employee’s Medical Records from [REDACTED] (dated 1/22/13 through 3/13/13)
- Employee’s Medical Records from [REDACTED] (dated 2/4/13)
- Employee’s Medical Records from [REDACTED] (dated 2/19/13 through 3/4/13)

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

The Claims Administrator stated the American College of Occupational and Environmental Medicine (ACEOM) was silent regarding nerve blocks for chronic pain and based its decision on the Official Disability Guidelines (ODG), 11<sup>th</sup> Edition, Low Back Chapter and Chronic Pain Medical Treatment Guidelines (2009). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

**Rationale for the Decision:**

The Professional Reviewer did not agree with the diagnosis of the employee's condition as stated in the Utilization Review dated February 27, 2013 and described the condition as Lumbago. Essentially normal MRI of the lumbar spine, lack of significant neurological deficits on physical examination to support an epidural steroid injection, lack of physical examination consistent with facet mediated pain, and lack of guideline support for performing epidural steroid and facet injections at the same time were considered relevant in making the determination for medical necessity.

CA MTUS guidelines state that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" prior to epidural steroid injections. Official Disability Guidelines state "it is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks." The documentation provided lacks evidence of neurological deficits on physical examination to support an epidural steroid injection. There is also a lack of physical examination consistent with facet mediated pain. Furthermore, the MRI of the lumbar spine was essentially normal. Given the above, there is a lack of physical examination or diagnostic findings to support the requested injections. As such, the disputed treatments were deemed not medically necessary.

**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.