
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 11/19/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012692

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 Anesthesiology, and Pain Medicine, and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 11/19/2012 due to a slip and fall. The patient had low back pain which was treated conservatively with medications and physical therapy. The patient had a history of discectomy at L5-S1. The patient had ongoing back complaints radiating into the lower extremities. Physical findings included tenderness to palpation with spasm over the left side of the paravertebral musculature, decreased sensation over the L5 dermatomal distribution, and restricted range of motion described as 48 degrees in flexion, 4 degrees in extension, 20 degrees in left lateral bending, and 18 degrees in right lateral bending. The patient's diagnoses included lumbar spondylosis, L3-S1 stenosis, and intermittent radiculopathy. The patient underwent an MRI that revealed moderate to severe secondary central canal stenosis at L3-4 and L4-5 levels and multilevel foraminal narrowing with significant narrowing at the L5-S1 level. The patient's treatment plan included a lumbar epidural steroid injection at L3-4 and L4-5 levels followed by a facet block at L3-4 and L4-5 if there was no improvement with epidural steroid injection.

IMR DECISION(S) AND RATIONALE(S)

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

1. Bilateral facet block L3-4, L4-5, L5-S1 is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pgs. 308-310, which are part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The requested bilateral facet blocks at L3-4, L4-5, and L5-S1 is not medically necessary or appropriate. The employee does have continued low back pain with radicular complaints. California Medical Treatment Utilization Schedule does not recommend facet joint injections for the low back and does not address them as a diagnostic tool. Official Disability Guidelines recommend medial branch blocks if there is no indication of radicular findings and the patient's pain is facet mediated. The clinical documentation submitted for review does not provide evidence that the employee's low back complaints are facet mediated. Additionally, the documentation clearly identifies radiculopathy. Therefore, medial branch blocks would not be indicated. **The request for bilateral facet block L3-4, L4-5, L5-S1 is not medically necessary and appropriate.**

2. Transforaminal epidural steroid injection (ESI) L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Criteria for the use of Epidural steroid injections..

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

The Physician Reviewer's decision rationale:

Transforaminal epidural steroid injection (ESI) of L5-S1 is not medically necessary or appropriate. The patient does have continued low back pain with radicular complaints. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with radiculopathy that is supported by clinical findings and imaging studies that are not responsive to conservative treatments. The clinical documentation submitted for review does provide physical evidence that the patient has radiculopathy. The patient does have decreased sensation in the left L5 dermatome. This is supported by an imaging study that identifies significant left foraminal narrowing. The patient has been unresponsive to physical therapy and medication. However, the requested transforaminal epidural steroid injection (ESI) L5-S1 does not clearly identify if it is for right-sided or left-sided symptoms. The patient does not have bilateral radicular symptoms. The patient's radicular findings are primarily left sided. **The request for transforaminal epidural steroid injection (ESI) L5-S1 is not medically necessary and appropriate.**

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.



CM13-0012692