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**Notice of Independent Medical Review Determination**

Dated: 9/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/12/2013  
Date of Injury: 8/4/2008  
IMR Application Received: 7/15/2013  
MAXIMUS Case Number: CM13-0001355

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar facet joint injection with fluoroscopic guidance Qty: 1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a lumbar facet injection additional level with fluoroscopic guidance Qty: 1 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 joint injection with fluoroscopic guidance Qty: 1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a lumbar facet injection additional level with fluoroscopic guidance Qty: 1 **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 Occupational 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 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 12, 2013

██████████ is a 56 year old male Fire Engineer who sustained injury while lowering a ladder to the ground on date of injury 08/04/2008. The low back is accepted and he is s/p L5-S1 fusion. He is currently retired.

“Conservative care has included lumbar epidurals. On January of 2009 decreased the radicular pain x 3days, a repeat epidural, unknown dated, reportedly provided a decrease in the left groin and right gluteal pain. A third epidural was done on 8/27/09, right L4-5 with reported 80% decrease in right gluteal and left groin pain for 2 months. The recent reports note that he gets S1 epidurals about twice a year with benefit: percent and length of relief is not stated.

“12/23/11 ██████████, MD: Lumbar MRI with and without contrast revealed mild broad-based disc protrusion at L2-3 central and left sided with recess narrowing, mild stenosis at L2-3, desiccation with mild disc bulging and right-sided foraminal encroachment at L4-5. Satisfactory appearance of fusion at L5-S1, post contrast studies yielded no additional findings. A report from Dr. ██████████ 10/29/12, notes increased low back pain, right, down the bilateral legs x 1 week post a trip to Florida. Numbness and tingling were noted. He was provided Neurontin and recommended a bilateral S1 epidural.

“Dr. [REDACTED] report from 5/8/13 notes that the pain is 50% in the back and 50% in the legs, left > right and is constant, sharp, burning, shooting, knife-like rated at 10/10; dermatomal distribution is not stated. Current medications: Norco, Celebrex, Flexeril, Lunesta, Tramadol. Neuro exam was normal with no SLR test reported. Diagnosis: 1. Post laminectomy syndrome, lumbar 2. Long term use of medications 3. Lumbosacral radiculitis 4. Chronic pain syndrome. Norco 10/325mg was increased to TID use.” “I suspect he has residual nerve damage from date of injury. Review of MRI from 2011 did not show any residual compression and he had a solid L5/S1 region”. “He has undergone bilateral S1 injections with excellent relief.” “He gets them a couple of times a year with improvement in pain and function”/ Planned is a spinal cord stimulator trial in the future. As Acupuncture was previously helpful, this was requested, number of visits not stated. A Lumbar transforaminal injection/selective nerve root block, bilateral S1, was requested.

“On 07/03/13 [REDACTED], MD pain Medicine reported constant, achy pain in low back and right > left leg rated 8/10 with intermittent exacerbations. Objective: Decreased lumbar extension, rotation, flexion and reverse flexion due to pain. Significant paravertebral tenderness and antalgic gait. Diagnoses: Lumbar post-laminectomy syndrome, lumbosacral radiculitis, chronic pain syndrome, muscle spam, insomnia, impotence of organic origin, long-term medication usage and lumbar spondyloarthritis/facet joint disease. Treatment: Norco 10/325mg 3 times daily as needed #90. Celbrex 20mg daily #30. Zanaflex 4mg 3 times daily as need #90, Lunesta changed to Klonopin 2mg half tablet daily #30, Cialis 20mg daily #10, urine drug screening, facet injections at levels above the fusion. Work status: not documented.”

#### **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 (received 7/15/13)
- Utilization Review Determination (dated 7/12/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, page 300 regarding low back complaints
- Requested medical records were not timely submitted for this review

#### **1) Regarding the request for a lumbar facet joint injection with fluoroscopic guidance Qty: 1:**

##### 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), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, page 300, which is part of the Medical Treatment Schedule (MTUS), the Official Disability Guidelines (ODG) Current Version, Low Back Chapter, a medical treatment guideline (MTG) which is not part of the MTUS, and studies from Pain Physician 2005 & 2007, a nationally-recognized professional standard, which are not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the ACOEM guidelines,

2<sup>nd</sup> Edition, 2004, Low Back Complaints, page 308-310 and Table 12-8, of the MTUS guidelines were applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 8/04/2008. The submitted records indicate that the employee has had acupuncture, pain medications, at least three epidural steroid injections, and is status post laminectomy at an undisclosed anatomical level. The most recent report, dated 7/03/2013, revealed that the employee reported constant, achy pain in the low back and right leg with pain rated at 8/10 with intermittent exacerbations. A request was submitted for a lumbar facet joint injection with fluoroscopic guidance, and a lumbar facet injection additional level with fluoroscopic guidance.

The ACOEM guidelines, Chapter 12, Table 12-8, state that facet joint injections are not recommended and offer no significant long term functional benefit and do not reduce the need for surgery. No medical records for submitted for this review. The Utilization Review indicates that the employee has had at least three prior facet injections and continues to have a great deal of low back pain. However, no clinical progress notes were included for review and it is not clear why the attending provider believes further facet joint blocks would be indicated. The request for a lumbar facet joint injection with fluoroscopic guidance is not medically necessary and appropriate.

**2) Regarding the request for a lumbar facet injection additional level with fluoroscopic guidance Qty: 1:**

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), 2<sup>nd</sup> Edition, (2004), Chapter 12, page 300 regarding low back complaints, part of the Medical Treatment Schedule (MTUS), Official Disability Guidelines (ODG) (current version), TWC regarding acute & chronic lumbar & thoracic complaints (updated 5/10/13) a medical treatment guideline, not part of the MTUS, and Literature from Pain Physician 2005 & 2007, a nationally-recognized standard, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, table 12-8 regarding facet joint injections applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 8/04/2008. The submitted records indicate that the employee has had acupuncture, pain medications, at least three epidural steroid injections, and is status post laminectomy at an undisclosed anatomical level. The most recent report, dated 7/03/2013, revealed that the employee reported constant, achy pain in the low back and right leg with pain rated at 8/10 with intermittent exacerbations. A request was submitted for a lumbar facet joint injection with fluoroscopic guidance, and a lumbar facet injection additional level with fluoroscopic guidance.

The ACOEM guidelines, Chapter 12, Table 12-8, state that facet joint injections are not recommended and offer no significant long term functional benefit and do not reduce the need for surgery. No medical records were submitted for review. The Utilization Review indicates that the employee has had at least three prior facet injections and continues to have a great deal of low back pain. However, no clinical progress notes were included for review and it is not clear why the attending provider believes further facet joint blocks would be indicated. The initial request for a lumbar facet joint injection with fluoroscopic guidance was determined to be not medically necessary and appropriate. The request for a lumbar facet injection additional level 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.