

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	3/5/2013
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003636

- 1) MAXIMUS Federal Services, Inc. has determined the request for facet block L4-L5-S1 is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 facet block L4-L5-S1 is not medically necessary and appropriate.

### **Medical Qualifications of the Expert Reviewer:**

The 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 Physical Medicine and Rehabilitation 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 11, 2013:

“The above patient is a 33-year-old who sustained a repetitive trauma injury on 3/5/13. Previous utilization review did not identify specific indications for facet injections. Appeals note needed 6/19/2013 notes that the patient reported severe low back pain on May 22, 2013. The pain was located about the right iliac crest and down the right leg. There was some pain over the sacroiliac joint. The Dr. notes that the patient has persistent low back pain with tenderness over the lumbar spine. The Dr. reports that recent MRI scan identifies disc protrusion with displacement of the 81 nerve root, bilateral facet degeneration and high intensity zone at L45 disc with annular tear. The Dr. notes that this supports the use of facet injections. The Dr. feels as the symptomatic relief from the injection will help therapy.

Prior evaluation dated 5/22/13 identifies pain along the right superior iliac press with some right sacrum iliac pain.

MRI scan dated 3/18/or team identifies a 3 mm disc bulge at L5S1 causing neural foraminal narrowing. Facet degeneration is noted. At L4-L5 there is a 3 mm central disc bulge with a high intensity zone suggesting annular tear. Mild facet hypertrophy is noted.

An appeal is made for L4-S1 right sided facet blocks.”

### **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 7/26/13)
- Utilization Review Determination from [REDACTED] (dated 7/11/13)
- Employee Medical Records from [REDACTED] (received 8/8/13)
- Medical Treatment Utilization Schedule (MTUS)
- ODG Low Back—Lumbar & Thoracic (updated 10/9/13)

#### **1) Regarding the request facet block L4-L5-S1:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2013) Low Back Chapter, facet injections, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 300-301, which is part of the MTUS and the Official Disability Guidelines (current version), Low back chapter, Facet joint intra-articular injections (therapeutic blocks), which is not part of the MTUS.

##### Rationale for the Decision:

The employee sustained a work-related injury on 3/5/13. The medical records provided for review indicate that treatments have included an MRI. The request is for L4-S1 right-sided facet blocks.

The ACOEM Guidelines indicate facet injections of cortisone and lidocaine are of questionable merit and are not recommended. The Official Disability Guidelines note that facet injections should not be performed when there is evidence of radicular pain or spinal stenosis. In this case, the medical records indicate that the employee has radicular pain to the right leg with MRI showing disc protrusion and S1 displacement. **The request for L4-S1 right-sided facet blocks 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;

Paul Manchester, MD, MPH  
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.