

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[Redacted]
[Redacted]
[Redacted]

December 20, 2013

Employee: [Redacted]
Claim Number: [Redacted]
Date of UR Decision: 8/1/2013
Date of Injury: 5/19/2005
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008190

Dear Mr./Ms. [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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

58 year-old male with a 5/19/05 industrial injury. He was lifting sheet rock and twisted and experienced low back pain. He is currently suspected of having lumbar facet pain. There is a 6/27/13 QME by [REDACTED], MD that diagnosed multilevel DDD with radiculopathy, narcotic dependency, sexual impairment, constipation, and sleep impairment.

IMR DECISION(S) AND RATIONALE(S)

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

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pg. 300, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Injections, 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, pg. 300-301, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Injections, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The request as written is for bilateral facet injections at 3-levels, L3/4, L4/5, and L5/S1, and the QME had diagnosed the patient with lumbar radiculopathy. This is not in accordance with ODG guidelines. ODG states specifically that diagnostic facet injections are Limited to patients with

low-back pain that is non-radicular and at no more than two levels bilaterally. The request for **bilateral facet injections L3-L4, L4-L5, L5-S1 is not medically necessary and appropriate.**

/ldh

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.

[REDACTED]

CM13-0008190