

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested L5-S1 epidural steroid injection **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/16/2013 disputing the Utilization Review Denial dated 4/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/9/2013. 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 L5-S1 epidural steroid injection **is medically necessary and appropriate.**

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 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 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.

Case Summary:

██████████ is a 44-year-old worker involved in a 01/22/13 industrial-related incident carrying packages. The patient has been followed by Dr. ██████████. He was referred to this provider. The 03/19/13 lumbar MRI report revealed: (1) Mild arthritis in the facet joints at T11-T12 and T12-L1. (2) A 2 mm disc bulge at L4-L5, not associated with spinal or foraminal stenosis. (3) A 3 mm irregular posterior disc protrusion at L5-S1 extending through the neural foramina and in conjunction with additional degenerative changes is associated with moderate severe to severe bilateral foraminal stenosis. The doctor's examination of 03/26/13 noted spasm and tenderness. Deep tendon reflexes and motor strength were normal limits. There was decreased sensation at the right L5-S1 and positive right Straight Leg Raise at 45 degrees."

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 for L5-S1 epidural steroid injections (dated 4/16/13)
- Utilization Review Denial/Modification for L5-S1 epidural steroid injections (dated 4/4/13)
- Employee medical records from ██████████, MD, ██████████ (dated 1/28/13-3/1/13)

- Employee medical records from [REDACTED], MD (dated 3/5/13-4/17/13)
- MRI of lumbar spine from [REDACTED], MD, [REDACTED] (dated 3/19/13)
- Chronic Pain Medical Treatment Guidelines (2009) pg. 46

1) Regarding the request for requested L5-S1 epidural steroid injection:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 46, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The employee's clinical condition was described by the Claims Administrator as documented clinical radiculopathy with no imaging corroboration; however, based on the findings of the MRI studies documenting spinal and foraminal stenosis, the Professional Reviewer found the employee's clinical condition more appropriately described as radiculopathy with clinical and imaging corroboration. The Professional Reviewer found that the referenced section of the MTUS used by the Claims Administrator remained relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

Employee was involved in a 1/22/13 industrial-related incident while carrying packages. The medical records reviewed show documented MRI evidence of a 3 mm disc bulge associated with moderate severe to severe bilateral foraminal stenosis. Employee's medical record from 4/16/13 shows decreased sensation at right L5-S1, positive straight leg raise at 45 degrees, and weakness of 4/5 in the right peroneal and plantar flexors. Employee is now greater than four (4) months post injury which meets the criteria for chronic pain. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection when radiculopathy has been documented by physical examination and corroborated by imaging studies. The medical records provided and reviewed meet the criteria for L5-S1 epidural steroid injection. The proposed L5-S1 epidural steroid injection **is medically appropriate and 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
1515 Clay Street, 18th 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.