

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the L4-5 right transforaminal epidural steroid injections (ESI) requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the L5-S1 right transforaminal epidural steroid injections (ESI) requested **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/1/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/2/2013. 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 L4-5 right transforaminal epidural steroid injections (ESI) requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the L5-S1 right transforaminal epidural steroid injections (ESI) requested **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 has a subspecialty in Pain 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 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:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 19, 2013.

“52 yo male ( ) who has reported neck and low back pain attributed to working on 2/25/13, no specific event. PMH- chronic back pain treated at with acupuncture through 2013. 11-5-12 MRI showed L4-S1 DDD, minimal narrowing of the neural foramina at L5-S1, minimal spinal canal stenosis.

reports

3/5/13: ongoing low back pain, radiates to right leg to ankle. PE-tender low back, limited ROM, right TA and EHL 4/5, plantar flex 4/5, eversion 4/5, decreased AJs and KJs bilaterally, sensory deficit right lateral leg and dorsal foot, +right SLR. Plan – naproxen, acupuncture, Prilosec, TTD. 4/5/13: neck and low back pain, worse, acupuncture x1, unchanged PE. Plan- ESI, TTD.”

### **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 5/1/13)
- Utilization Review Request for Additional Information from [REDACTED] (dated 4/17/13)
- Utilization Review Notice performed by [REDACTED] (dated 4/19/13)
- Medical Records from [REDACTED], M.D. (dated 5/7/13-3/5/13)
- Medical Records from [REDACTED] (dated 3/1/13- 11/5/12)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, pg. 300, pg. 311-315
- Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESI), pg. 46
- Official Disability Guidelines (ODG) (2009), Neck and Upper Back Chapter, Epidural steroid injections (ESI)

#### **1) Regarding the request for L4-5 right transforaminal epidural steroid injections (ESI):**

##### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, pg. 311-315 and Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESI), pg. 46 of the Medical Treatment Utilization Schedule (MTUS). The provider relied upon the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, pg. 300; Official Disability Guidelines (ODG) (2009), Neck and Upper Back Chapter, Epidural steroid injections (ESI); Chronic Pain Medical Treatment Guidelines (2009), pg. 46; and the AMA Guidelines, Radiculopathy. The Professional Reviewer found the referenced section of the MTUS used by the provider relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee sustained an injury to the neck and low back while at work. The medical records reviewed indicate low back pain with radiation to the right lower extremity. Conservative measures including prescription and over-the-counter medication, acupuncture, applied heat, and home stretching exercises have been tried. Lumbar MRI indicates an annular tear and small posterior disc bulge at L4-5. While no direct mechanical impingement of the disc on the nerve roots is noted on MRI, other mechanical causes, such as a chemical radiculitis, can still produce radiculopathy-type pain. The medical records provided and reviewed meet the criteria for L4-5 right transforaminal epidural steroid injections (ESI). The proposed L4-5 right transforaminal ESI is medically necessary and appropriate.

## 2) Regarding the request for L5-S1 right transforaminal epidural steroid injections (ESI)

### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, pg. 311-315 and Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESI), pg. 46 of the Medical Treatment Utilization Schedule (MTUS). The provider relied upon the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Chapter, pg. 300; Official Disability Guidelines (ODG) (2009), Neck and Upper Back Chapter, Epidural steroid injections (ESI); Chronic Pain Medical Treatment Guidelines (2009). pg. 46; and the AMA Guidelines, Radiculopathy. The Professional Reviewer found the referenced section of the MTUS used by the provider relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee sustained an injury to the neck and low back while at work. The medical records reviewed indicate low back pain with radiation to the right lower extremity. Conservative measures to include prescription and over-the-counter medication, acupuncture, applied heat, and home stretching exercises have been tried. There is documentation regarding decreased sensation on the lateral leg and dorsum of the foot, positive straight leg raise, decreased myotomal strength in the right L5 and S1 muscle groups, and diminished deep tendon reflexes which are supportive signs of radiculopathy in the L5 and S1. The medical records provided and reviewed meet the criteria for L5-S1 right transforaminal epidural steroid injections (ESI). The proposed L5-S1 right transforaminal ESI is 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.