
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 5/28/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 requested <L5-S1 Epidural Steroid Injection **is 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 May 8, 2013.

“The patient is a 52-year-old male who sustained a back injury on 1/3/2013 as a result of a slip and fall accident. He is currently diagnosed with lumbar degenerative disc disease at L4-5 and LS-SI with bilateral radicular symptoms. A request is made for an LS-SI ESI. Lumbar spine xrays showed an LS-S I degenerative disc with disc space narrowing of at least 40% at the L5-S I level with facet arthropathy. He has six authorized PT sessions remaining but the patient has not attended these sessions. Lumbar MRI on 4/1/2013 demonstrated disc protrusion, bilateral facet joint hypertrophy and minimal neural foramina! narrowing at L5-SI. The latest medical report dated 4/25/2013 states that the patient has moderate pain in the low back radiating to the gluteal regions. Examination reveals tenderness over the L3-4, L4-5 and L5-S I posterior spinous processes and paravertebral muscles. Range of motion is limited. There are no focal neurologic deficits noted. There is minimal pain in the right foot and calf on Straight Leg Raise test. “

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 5/28/13)
- Utilization review determination from [REDACTED] (dated 5/8/13)
- Employee medical records from [REDACTED], MD (dated 5/10/13)
- Employee medical records from [REDACTED], MD (dated 2/14/13-6/6/13)
- Employee medical records from [REDACTED] (dated 1/7/13-6/18/13)

- Employee medical records from [REDACTED] (dated 3/7/13-4/1/13)
- Employee medical records from [REDACTED] (dated 1/3/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 46

1) Regarding the request for L5-S1 Epidural Steroid Injection:

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) and the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, which are part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a low back industrial injury on January 3, 2013. Medical records provided and reviewed indicate treatment has consisted of the following: Analgesic medications; physical therapy; MRI of the lumbar spine, notable for multilevel disk bulging at L2-L3, L4-L5, and L5-S1 with associated slight neuroforaminal narrowing; and extensive periods of time off of work. The medical record of June 6, 2013, notes the employee reports persistent, constant mild low back pain radiating to both gluteal regions, right greater than left with some radiation of pain to the thighs. Surgery is not being endorsed.

The Chronic Pain Medical Treatment Guidelines note that epidural steroid injections are generally indicated in the treatment of radiculopathy which is generally corroborated via imaging studies and/or electrodiagnostic testing. The employee has some incomplete evidence of radiculopathy noted on lumbar MRI imaging. The MTUS Chronic Pain Medical Treatment Guidelines do support the usage of epidural steroid injections for diagnostic confirmation purposes. In this case, obtaining diagnostic confirmation via a trial of first time diagnostic epidural steroid injection is indicated, given the employee's failure to progress and respond with multiple first and second line conservative treatments. The request for L5-S1 Epidural Steroid Injection **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, 18th Floor
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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.



