MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/27/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	5/1/2013
Date of Injury:	2/14/2013
IMR Application Received:	5/28/2013
MAXIMUS Case Number:	CM13-0000500

Dear [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 & Rehabilitation and is licensed to practice inCalifornia. 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:

The underlying date of injury in this case is 02/14/2013. The mechanism of injury is that the patient tripped and twisted his trunk. The patient's treating diagnoses are lumbosacral sprain, lumbar disc displacement, lumbosacral disc degeneration, lumbar spinal stenosis, and sciatica. A limited lumbar spine radiograph dated 04/12/2013 demonstrated congenital spinal stenosis with multilevel spondylosis and facet arthropathy with central narrowing worse at L3-L4 and L4-L5. The initial peer review concluded that a request for bilateral facet injections as well as to transforaminal epidural injection on the right at L4-L5 was not medically necessary since there was no evidence of radiating pain consistent with radiculopathy on exam and there were no clear EMG or MRI findings to support a radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Injections, Anesthetic agent and/or steroid, transforminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Injection Section, page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines section on epidural injections page 46 states "radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing." At this time the employee does not have exam findings or electrodiagnostic studies or MRI findings to support the conclusion that this employee has a focal radiculopathy. The guidelines have not been met. **The request for injections, Anesthetic agent and/or steroid, transforminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level is not medically necessary and appropriate.**

/JR

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]

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