

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(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 requested left L5-S1 epidural steroid injection under fluoroscopy **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/27/2013 disputing the Utilization Review Denial dated 6/6/2013. 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 left L5-S1 epidural steroid injection under fluoroscopy **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 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 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 Pain Management Consultation Report dated May 17, 2013.

“Mr. [REDACTED] is a truck driver for [REDACTED]. He has suffered an industrial injury to his back and his workup including MRI of the lumbar spine reveals that he has a grade I spondylolisthesis at L5-S1 with a focal left-sided protrusion at L5-S1. He has been suffering from ongoing low back pain, which has been radiating mostly into his left buttock and leg with occasional right lumbosacral pain. He is becoming increasingly tolerant to medications. He has been taking a great deal of ibuprofen and developed gastritis forcing him to stop it. This is the same thing [that] happened with Naprosyn. He has thus been relying on Flexeril, which he takes at night 10 mg and has been taking hydrocodone and/or Percocet at times for pain.”

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
- Utilization Review by [REDACTED] (dated 6/6/13)
- Doctor's First Report of Occupational Injury or Illness by [REDACTED], M.D. (dated 1/9/13)
- Employee's Medical Records by California Orthopaedic Institute (dated 2/8/13 to 6/11/13)
- Pain Management Consultation Report by San Diego Orthopaedic Associates Medical Group, Inc. (5/17/13)

- Employee's Physical Therapy Records by [REDACTED] (dated 1/6/13 to 2/12/13)
- Employee's Radiology Report by [REDACTED] (dated 1/9/13)
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 13, page 300
- Official Disability Guidelines (ODG) (2009) – Low Back Chapter, ESI section

1) Regarding the request for left L5-S1 epidural steroid injection under fluoroscopy:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 13, page 300, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (2009) – Low Back Chapter, ESI section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009) (page 46), which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a back injury on January 3, 2013. The employee has experienced ongoing low back pain that radiates into the left buttock and leg, with occasional lumbosacral pain. Treatment to date has included medications and physical therapy.

The Chronic Pain Medical Treatment Guidelines indicate epidural steroid injections are recommended as an option for treatment of radicular pain. The employee's medical records indicate conservative treatment methods have not been successful. The employee has tried non-steroidal anti-inflammatory medication and developed gastritis. The employee is currently being treated with Flexeril and hydrocodone and has undergone physical therapy sessions. The employee's pain continues to persist. The requested left L5-S1 epidural steroid injection under fluoroscopy 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
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.