

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/18/2013 |
| Date of Injury: | 3/30/2009 |
| IMR Application Received: | 8/12/2013 |
| MAXIMUS Case Number: | CM13-0010040 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for 2 lumbar epidural injections **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for interpretation of radiograph films **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for follow-up **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 request for 2 lumbar epidural injections **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for interpretation of radiograph films **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for follow-up **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 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.

Expert Reviewer Case Summary:

The patient is a 69-year-old male with injury date of 3/30/2009. The patient has been diagnosed with lumbar radiculitis, stenosis and lumbar discogenic pain. MRI from 6/23/2009 showed 6mm central protrusion at L4-5 partial extrusion, other bulging discs, and moderate right L4-5 foraminal stenosis. Another MRI from 10/25/2010 showed 5mm protrusion at L4-5 with central and foraminal stenosis. On 2/8/2013, the patient's medications include Actose, Ambien, Norco 5/325 every 4-6 hours. On 2/14/2013, the note indicated the patient had L4 nerve root block 1½ weeks ago with definite improvement with greater 50% reduction of pain in the back and right leg. A 2/22/2013 report discussed an intrathecal pain pump, spinal cord stimulator (SCS), and possible lumbar surgery. On 5/9/2013, the provider's note discussed the patient's pain relief following epidural steroid injection (ESI). The patient still had fair amount of radicular pain. A 6/4/2013 report states that the patient had an injection 5 weeks ago with 60% reduction of pain and 50% reduction of pain medication. The provider's report dated 7/11/2013 recommended a third injection following 2½ months of relief with previous ESI. A 7/17/13 report noted the patient's medications were the same, with addition of Vicodin ES.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 2 lumbar epidural injections:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pages 46-47, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines requires 50% reduction of pain lasting 6-8 weeks. The records submitted for review do not include documentation that the employee obtained 6-8 weeks of pain relief with previous ESI. Despite the provider's note that the employee has improved with each injection, the reports show no change in the employee's symptoms. For medication use, the employee actually increased the use of pain medications. In February, the employee was on Norco, but by July 2013, the employee was taking Vicodin ES as well Norco with no changes in quantities of Norco. Further, the guidelines do not recommend more than two injections, and the employee has reportedly already undergone two injections. **The request for 2 lumbar epidural injections is not medically necessary and appropriate.**

2) Regarding the request for interpretation of radiograph films:

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pages 46-47, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state that fluoroscopy is to be used for injection guidance. However, it does not require radiographic interpretation (code 76376) which allows for additional billing. The documentation of epidurography and the

code 76376 allows for additional billing not mentioned in the guidelines. Use of fluoroscopy is already included in the injection itself. Since the guidelines only recommend fluoroscopic guidance, the provider's request for additional radiographic interpretation is not supported. **The request for interpretation of radiograph films is not medically necessary and appropriate.**

3) Regarding the request for follow-up:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Evaluation of Progress, page 8, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines recommend continued physician monitoring for evaluation of progress toward treatment objectives. The recommendation is for authorization of follow-up visitations. The records submitted for review indicate the employee should continue to follow-up with the provider. **The request for follow-up 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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.