

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 8/9/2013 |
| Date of Injury: | 5/16/1994 |
| IMR Application Received: | 8/12/2013 |
| MAXIMUS Case Number: | CM13-0010200 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar tranelaminar epidural injection L3-L4 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **fluoroscopy for lumbar injection 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 8/9/2013. 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 **lumbar tranelaminar epidural injection L3-L4 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **fluoroscopy for lumbar 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 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 63 year-old female with a date of injury 5/16/94. The patient's diagnoses include: cervical degenerative disc disease, bilateral upper extremity radiculitis, lumbar degenerative disc disease, right lower extremity radiculitis, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. The patient has undergone a 19 year course of treatment for chronic neck, back and extremity complaints which have included conservative non-surgical treatment comprised of physical therapy, medications, chiropractic, spinal injections, and other modalities. A lumbar CT was performed on 5/16/13 which showed mild multilevel degenerative changes of the lumbar intervertebral discs and facets including mild degenerative anterolisthesis of L4 on L5, mild central canal stenosis at L4-5, and moderate right L4-5 neural foraminal narrowing. The progress report dated 5/29/12 Dr. [REDACTED] MD noted that the patient complained of increased problems with sciatica in the left leg and almost constant numbness at the bottom of her feet and toes. The patient had a positive straight leg raise on the left. It was noted that the patient benefited from epidural injections in the past. The duration of benefit and any resultant reduction in medications and office visits is not reported. The progress report dated 7/26/13 by Dr. [REDACTED] noted that the lumbar MRI 4/18/13 showed significant spinal canal stenosis at L3-4 due both to anterolisthesis but also due to moderate to severe hypertrophic facet changes. Sensory exam noted hypesthesia in the right lower extremity in the L5 distribution. A lumbar translaminar epidural steroid injection at L3-4 was requested.

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 lumbar trans laminar epidural injection L3-L4:

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 (ESIs), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), pages 46-47, which is part of the MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has undergone a 19 year course of treatment for chronic neck, back and extremity complaints which have included conservative non-surgical treatment comprised of physical therapy, medications, chiropractic, spinal injections, and other modalities. The progress report submitted noted that the employee complained of increased problems with sciatica in the left leg and almost constant numbness at the bottom of the feet and toes. The employee had a positive straight leg raise (SLR) on the left. It was noted that the employee has benefited from prior epidural steroid injections. A progress report dated 7/26/13 noted that the lumbar MRI showed significant spinal canal stenosis at L3-4 due both to anterolisthesis but also due to moderate to severe hypertrophic facet changes. Sensory exam noted hypesthesia in the right lower extremity in the L5 distribution. Given the employee's spinal stenosis and SLR, it is reasonable to perform another epidural steroid injection. The Chronic Pain guidelines support the need for another injection due to recent return of leg symptoms. **The request for a lumbar trans laminar epidural steroid injection is medically necessary and appropriate.**

2) Regarding the request for fluoroscopy for lumbar injection:

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 (ESIs), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), pages 46-47, which is part of the MTUS.

Rationale for the Decision:

The medical records submitted for review indicate that the employee has undergone a 19 year course of treatment for chronic neck, back and extremity complaints which have included conservative non-surgical treatment comprised of physical therapy, medications, chiropractic, spinal injections, and other modalities. The progress report submitted noted that the employee complained of increased problems with sciatica in the left leg and almost constant numbness at the bottom of the feet and toes. The employee had a positive straight leg raise (SLR) on the left. It was noted that the employee has benefited from prior epidural steroid injections. A progress report dated 7/26/13 noted that the lumbar MRI showed significant spinal canal stenosis at L3-4 due both to anterolisthesis but also due to moderate to severe hypertrophic facet changes. Sensory exam noted hypesthesia in the right lower extremity in the L5 distribution. Given the employee's spinal stenosis and SLR, it is reasonable to perform another epidural steroid injection. The Chronic Pain guidelines support the need for another injection due to recent return of leg symptoms. **The request for fluoroscopy for lumbar 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,

Paul Manchester, MD, MPH
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.