

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	3/10/2004
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010459

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 month gym membership is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **second transforaminal epidural injection bilaterally at S1 roots is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 **6 month gym membership is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **second transforaminal epidural injection bilaterally at S1 roots is not 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:**

This patient is a 43-year-old with a date of injury of 03/10/2004. This patient's diagnoses include complex regional pain syndrome of the left lower extremity as well as peripheral neuropathy, chronic pain, possible left cubital tunnel syndrome, and a history of a partial right Achilles tendon tear.

On evaluation by the treating physician on 06/17/2013, the patient had decreased sensation in right L5 and S1 dermatomes as well as a right calf atrophy and mild weakness of the right tibialis anterior and extensor hallucis longus and also left extensor hallucis longus. Treatment notes indicate that the patient had 40% improvement in pain from the first injection with no specific documentation of medication reduction. An initial review noted that a second epidural injection was not indicated given the lack of significant improvement from the first injection. The treating physician also noted the records did not indicate that there was necessity for specialized equipment to support indication for a 6-month gym membership.

### **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 6 month gym membership :**

##### 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 Official Disability Guidelines, Low Back – Lumbar & Thoracic (Acute and Chronic), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter - Gym Memberships, which is not a part of the MTUS..

##### Rationale for the Decision:

The Official Disability Guidelines states that a gym membership is not indicated unless a documented home exercise program has not been effective and there is a need for equipment. A review of the records indicates that this criteria has not been met. It is unclear why special equipment would be indicated, and the medical records do not indicate a rationale as to why a home exercise has not or would not be effective. **The request for 6 month gym membership is not medically necessary or appropriate.**

#### **2) Regarding the request for second transforaminal epidural injection bilaterally at S1 roots:**

##### 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, (May 2009), which is a part of the MTUS.

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

Rationale for the Decision:

The California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines states, regarding epidural steroid injections, that in the therapeutic phase, repeat transforaminal steroid injections should be based on continued objective documented pain and from some improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks.

A review of the records indicates that in this case the records did not document functional improvement nor did the records document 50% pain relief or did the records document reduction of medication use from the first epidural injection.

**The request for second transforaminal epidural injection bilaterally at S1 roots is not medically necessary or 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, 18<sup>th</sup> 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.