

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/18/2013  
Date of Injury: 4/16/1999  
IMR Application Received: 8/13/2013  
MAXIMUS Case Number: CM13-0010495

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: OVERTURN. This means we decided that all 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 75 year old male with a date of injury on 4/16/1999. The patient's diagnoses include: herniated nucleus pulposus at L3-4, L4-5 with central canal stenosis and left lower extremity radiculopathy. According to utilization review letter dated 7/18/13 by EK health, on 3/15/12 the patient underwent transforaminal ESI at left L3-4, ESI (unknown site) on 4/2/12, and ESI at left L3-4 and L4-5 on 6/19/13. The progress report dated 7/8/13 by Dr. [REDACTED] noted that the patient reported 65-70% improvement for the past 4 weeks. LBP mostly improved, left lower extremity pain entirely resolved, with persistent left great toe, dorsal foot and ankle numbness. The patient was able to double his walking distance to 800 meters. The patient had a positive SLR on the left at 90 degrees and 4/5 left lower extremity strength. The treatment plan was to schedule repeat TESI #2 at L3-4 and L4-5. The request was denied and recommendation was to re-evaluate at 6-8 weeks per MTUS guidelines. The progress report dated 8/5/13 by Dr. [REDACTED] noted that the patient reported continued 70% overall improvement. The patient did report radicular pain in the left lower extremity that had gradually increased since his first injection but was still less than prior to that injection. The patient reported that he no longer used Vicodin and was able to manage the pain with Advil. Objective findings showed + SLR on left and decreased sensation over the left dorsal foot. The plan was to now schedule the requested TESI #2 on the left L3-4 and L4-5 levels.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Transforaminal epidural steroid injection, #2, at left L3-4 is medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, Chronic Pain Medical Treatment Guidelines, pg. 46, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 46 and 47, which is part of MTUS.

The Physician Reviewer's decision rationale:

The treatment plan on 7/8/13 was to schedule repeat transforaminal epidural steroid injection (TESI) #2 at L3-4 and L4-5. The request was denied and recommendation was to re-evaluate at 6-8 weeks per MTUS guidelines as this was only 3 weeks status post injection, #1. The progress report dated 8/5/13 noted that the employee reported continued 70% overall improvement. The employee did report radicular pain in the left lower extremity that had gradually increased since the first injection but was still less than prior to that injection. The employee reported no longer using Vicodin and was able to manage the pain with Advil. Objective findings showed positive straight leg raise on left and decreased sensation over the left dorsal foot. The plan was to now schedule the requested TESI #2 on the left L3-4 and L4-5 levels. The criteria for repeat injections noted by MTUS page 46, 47 state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Authorization is recommended. **The request for transforaminal epidural steroid injection, #2, at left L3-4 is medically necessary and appropriate.**

**2. Transforaminal epidural steroid injection, #2, at left L4-5 is medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, Chronic Pain Medical Treatment Guidelines, pg.46, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 46 and 47, which is part of MTUS.

The Physician Reviewer's decision rationale:

The treatment plan on 7/8/13 was to schedule repeat TESI #2 at L3-4 and L4-5. The request was denied and recommendation was to re-evaluate at 6-8 weeks per MTUS guidelines as this was only 3 weeks status post injection #1. The progress report dated 8/5/13 by the treating physician noted that the employee reported continued 70% overall improvement. The employee did report radicular pain in the left lower extremity that had gradually increased since the first injection but was still less than prior to that injection. The employee reported no longer using Vicodin and was able to manage the pain with Advil. Objective findings showed positive straight leg raise on left and decreased sensation over the left dorsal foot. The plan was to now schedule the requested TESI #2 on the left L3-4 and L4-5 levels. The criteria for repeat injections noted by MTUS page 46, 47 state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Authorization is recommended. **The request for transforaminal epidural steroid injection, #2 at left L4-5 is medically necessary and appropriate.**

/sb

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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