

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 6/14/2011
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011980

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: UPHOLD. This means we decided that none 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 Orthopedic Surgery 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:

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

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 claimant is a 46-year-old female who was injured in a work-related accident on 6/14/11. She was setting dough on a rack when she slipped backward and fell, resulting in acute injury to the cervical and lumbar spine. Specific to the lumbar spine, the most recent clinical record report is available from 8/13/13, which is a urine toxicology review, stating no specific treatment of the cervical or lumbar spine noted. The most recent clinical report with physical examination findings is from 8/1/13 where the claimant was treated for continued cervical and lumbar complaints. Specifically to the lumbar spine, the examination showed well-healed incision from prior surgical intervention with tenderness over the paravertebral musculature, diminished range of motion, and diminished sensation in the right thigh at the L2-3 level with +1 equal and symmetrical reflexes and diffuse L4-5 strength changes to the bilateral lower extremities. Subjectively, there was noted to be a chief complaint of right lower extremity radicular pain.

Reviewed previous imaging from 2011, an MRI report showing L2-3, L3-4, and L5-S1 disc bulging with electrodiagnostic studies of February 2012 noted to be normal. Based on the claimant's failure to improve with conservative care, treatment was recommended in the form of an epidural steroid injection and a CT scan to further assess low back and radicular symptoms.

The claimant's previous surgery was noted to be an L4-5 laminectomy and discectomy at the L4-5 level on November 19, 2012. Request is for an epidural injection at the L4-5 level as well as a lumbar CT scan as stated.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar epidural steroid injection at L4-5 with [REDACTED] is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision. The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg.46, which are part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS guidelines indicate that epidural steroid injections for radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the employee's physical examination and postoperative imaging does not support a continued radicular process at the L4-5 level. The employee is noted to have diffuse muscular weakness in a nondermatomal fashion as well as L2-3 sensory changes that would not correlate with the requested level of injectable. Thus, the specific request is not medically indicated at this time. **The request for lumbar epidural steroid injection at L4-5 with [REDACTED] is not medically necessary and appropriate.**

2. Lumbar CT scan is not medically necessary and appropriate.

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

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines, neck procedure, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Official Disability Guideline recommends CT imaging for upper back/thoracic spine trauma with supported neurological deficit. In this case, the medical records submitted for review show that a postoperative MRI scan demonstrates continued disc bulging, but no evidence of radicular finding or nerve root impingement. The records do not show indication of acute neurologic deficit, myelopathy findings, or indication of prior fusion in this case that would warrant CT imaging at this stage in the clinical course of care. **The request for lumbar CT scan is not medically necessary and appropriate.**

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