

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

9/16/1997

8/13/2013

CM13-0012544

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. 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 epidural steroid injection** 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 Occupational Medicine, 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:

All medical, insurance, and administrative records provided were reviewed.

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work reportedly claimed on September 16, 1997. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an L5-S1 microdiscectomy on January 30, 2010; apparent return to some form of work; and prior unspecified number of epidural steroid injections, including an injection earlier in 2013. In a utilization review report of July 18, 2013, the claims administrator denied a request for a lumbar epidural steroid injection. A prior note of May 17, 2012 suggests that the patient has, in fact, returned to work.

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 epidural steroid 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, which is part of the MTUS.

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

Rationale for the Decision:

No 2013 progress notes were seemingly provided for review. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse repeat epidural steroid injections in patients with radiculopathy who have demonstrated functional improvement through prior epidural steroid injection therapy, in this case, no recent progress notes to establish the presence of functional improvement following completion of the prior ESIs were submitted. Much of the information on file pertains to earlier timeframes, including 2010, 2011, and 2012. While an earlier progress note of May 17, 2012 does establish the employee's successful return to work and does establish the presence of residual radicular complaints, this is over a year and a half removed from the date of the current request. **The request for lumbar epidural steroid injection 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, 18th Floor
Oakland, CA 94612

/dat

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.