

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	6/7/2004
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0012911

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection at L4 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 7/19/2013. 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 at L4** 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 Pain Medicine and Anesthesia, has a subspecialty in Acupuncture 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:

47 y/o male injured worker who has been given the diagnosis of lumbosacral plexus lesion. UR date was 7/18/13 in which an 8/12/13 report from Dr [REDACTED] is referenced. 4/10/12 MRI L/S demonstrates disc bulging L4-S1, with mild central canal stenosis at L4/5 and the patient relates left knee pain as well. 12/19/12 note by Dr [REDACTED] noted history of lumbar epidural steroid injections/selective nerve root blocks, and facet rhizotomies, which all helped only transiently. 6/24/13 Dr [REDACTED] described that the patient had worsened back pain, and worsened left leg pain after a fall. L4-S1 fusion and also epidural steroid injections were 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 epidural steroid injection at L4:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection, p46, which is part of the MTUS.

Rationale for the Decision:

The employee meets guideline criteria for epidural steroid injections in that there is objective evidence of radiculopathy and the symptoms are concordant with imaging. As far back as at least 10/11, the employee had trialed muscle relaxants and amitriptyline for left-greater-than-right sciatica and parathesis.

However, this request is actually for a repeat injection. The decision to perform repeat epidural steroid injections is based on “objective documented improvement in pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks”. Medical necessity as defined by MTUS is not met since previous response to lumbar epidural steroid injections for the same pain has been documented to have only resulted in subjectively mild and transient reduction in pain. **The request for lumbar epidural steroid injection at L4 is not 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

/ldh

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.