

## Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0015249	<b>Date of Injury:</b>	01/28/2004
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/22/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED], MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
1). LUMBAR EPIDURAL STEROID INJECTION			

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 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]
- [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:

56 y.o. female with injury from 1/23/04, suffers from chronic low back pain and a herniated disc at L4-5. A letter of denial from 8/2/13 indicates that the request was for 2-3 ESI's. This letter indicates that there are bulging discs and not herniated discs at multiple levels and the patient has not had documented radiculopathy from an EMG.

Multiple reports from Dr. [REDACTED] are reviewed. 6/28/13 report indicates that the patient continues to experience pain in the lower back. AME report (from 8/27/12) was reviewed by the treater with diagnosis of lumbar spine strain with multilevel degenerative disc disease, cervical spine strain with degeneration and shoulder strain with impingement. The patient was to be sent for an updated EMG/NCV studies as well as MRI of C, T, L spines. Dr. [REDACTED] impression was lateral recess stenosis and a right-sided disc bulge at L4-5 causing lumbar radiculopathy. Recommendation was for 2-3 lumbar ESI which were previously denied. Additional reports from 8/5/13, 9/3/13 and 10/31/13 do not provide any additional information regarding the location of symptoms other than low back with radiation to the lower extremities. These reports do not show any significant examination findings either. Neurologic examination was normal.

Dr. [REDACTED] AME report from 8/19/13 shows the following: For future medical treatments, orthopedic follow-up's with medications, injections, PT, diagnostic work-up, pain management and possibly left shoulder surgery and spine surgery. MRI of L-spine from 3/26/13 is described as asymmetrical disc bulge at L4-5 versus central right protrusion. Other levels are described with bulging discs and some mild to moderate stenosis both central and laterally, foraminaly. EMG/NCV of lower extremities from 10/12/12 were normal. Examination was normal for the lumbar spine.

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

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

### **1. One (1) lumbar epidural steroid injection is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, Low Back Complaints, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section: Page 46,47, which is part of the MTUS.

The Physician Reviewer's decision rationale

Although this patient describes pain in low back with radiation down both legs, no radiculopathy has been diagnosed. Radiculopathy requires dermatomal distribution of pain/paresthesia with corroborating radiographic findings. This patient has right sided protrusion at L4-5. If the patient presented with right lower extremity pain in L5 nerve distribution such as lateral thigh/pretibial pain, this would constitute a diagnosis of radiculopathy. However, there are no descriptions of where the patient's leg symptoms are, no examination findings that would suggest radiculopathy and MRI findings are rather minimal. EMG studies were negative of the lower extremities as well. MTUS does not recommend ESI's unless radiculopathy is clearly documented. In this patient, radiculopathy has not been established.

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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