

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]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 5/31/2010
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015619

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 Anesthesiology has a subspecialty in Pain Management 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:

This is a 49-year-old female presenting with low back pain following a work-related injury on May 31, 2010. The clinic complains of constant pain in the low back. The pain radiates down the right leg and into the right foot. The pain is associated with insomnia. She describes a heavy feeling in the right leg when lying down. The pain is associated with numbness of the right leg and foot. The pain is reduced temporarily with the TENS unit at home. The claimant was determined to be a surgical candidate. The claimant however does not wish to proceed with surgery at this time. The physical exam is significant for decreased sensation to pinprick involving L2-L3 and L4 dermatomes, 4-5 motor strength on the right side due to severity of back pain, mild tenderness to palpation over the right paraspinals in the lumbar sacral area, straight leg raise is positive bilaterally and demonstrates a positive sciatic stretch at 50°. MRI of the lumbar spine on 6/4/2011 demonstrates degenerative disc disease at L5-S1, 1-2 mm bulging disc at L1 to, and a 2 mm bulging disc at L5-S1. Electrodiagnostic studies on 11/20/2012 demonstrates evidence of a right L3 and possibly L2 radiculopathy. The really was diagnosed with lumbar radiculitis, lumbar disc bulge with annular tear at L5-S1, L2-3 herniated nucleus pulposus and chronic muscle inflammation. The claimant has tried an epidural steroid injection and acupuncture with moderate relief. The claimant has requested an outpatient lumbar L2-3 epidural ×1.

IMR DECISION(S) AND RATIONALE(S)

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

1. Outpatient lumbar L2-3 Epidural times one is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI), pages 46-47 which is part of the MTUS.

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, Divisions of Worker's Compensation, The Physician Reviewer based his/her decision on the The Basis for Recommending Repeating Epidural Steroid Injections for Radicular Low Back Pain: A Literature Review Archives of Physical Medicine and Rehabilitation, (2008), page 89; Epidural Steroids in the Management of Chronic Spinal Pain: A Systematic Review Pain Physician Journal, (2007), page 10, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Outpatient lumbar L2-3 epidural times one is not medically necessary. The peer-reviewed medical literature does not provide evidence in this case for a repeat epidural steroid injection (ESI).

Novack and Nemeth (Archives of Physical Medicine and Rehabilitation, 2008) performed a literature review to determine the current evidence to support guidelines for frequency and timing of ESI, to help determine what sort of responses should occur to repeat an injection and to outline specific research needs in these areas. The authors found that there was limited evidence to suggest guidelines for frequency and timing of ESI or to help define what constitutes the appropriate partial response to trigger a repeat injection.

Abdi et al. (Pain Physician Journal, 2007) performed a systematic review utilizing the criteria established by the Agency for Healthcare Research and Quality (AHRQ) for evaluation of randomized and non-randomized trials and criteria of Cochrane Musculoskeletal Review group for randomized trials. The authors found that there was moderate evidence for interlaminar epidurals in the cervical spine and limited evidence in the lumbar spine for long-term relief. Given the enrollee did not experience long-term relief (greater than 3 months), or demonstrate reduced use of medications and adjunctive therapy (physical therapy, heat and ice) with the first epidural steroid injection, a repeat epidural steroid is not medically necessary.

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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