

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: 12/2/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/30/2013

10/10/2012

8/22/2013

CM13-0015795

- 1) MAXIMUS Federal Services, Inc. has determined the request **for left lumbar epidural steroid injection at levels of L3 and L4 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. 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 **left lumbar epidural steroid injection at levels of L3 and 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 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 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:

The claimant is a 64-year-old female presenting with chronic low back pain following a work-related injury on 10/10/2012. The pain is described as dull, moderate to severe, and constant. The pain is exacerbated by movement, and reduced with rest. The physical exam was significant for tenderness of the paravertebral musculature, restricted range of motion of the lumbar spine, 2 out of 4 deep tendon reflexes at the Achilles and bilateral patella, decreased motor strength of the hip on the right side, slight atrophy of the left quadriceps and positive straight leg raise on the left. MRI of the lumbar spine was significant for L5-S1 1-2 mm disc bulge, L3-4 2 mm bulge. The claimant was diagnosed with lumbar radiculopathy, and lumbar sprain/strain. The claimant has tried acupuncture and medications for her pain. The claimant is requesting coverage for **left lumbar epidural steroid injection at levels of L3 and L4 between 7/25/13 and 9/8/2013**.

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 left lumbar epidural steroid injection at levels of L3 and L4:

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 (ESIs), page 46, 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:

The lumbar epidural steroid injection is not medically necessary per MTUS Chronic Pain Guidelines criteria for the use of epidural steroid injections and previously cited medical literature. MTUS states that the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. MTUS also states that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The employee's presentation does not provide evidence for radiculopathy specifically on imaging which documented an MRI of the lumbar spine significant for L5-S1 1-2 mm disc bulge, L3-4 2 mm bulge. There is no documentation of a nerve root compression and a nerve conduction study was not available. **The request for left lumbar epidural steroid injection at levels of L3 and 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

/bh

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.