

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:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	5/21/2008
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0016129

- 1) **MAXIMUS Federal Services, Inc. has determined the request for outpatient right sided transforaminal epidural L4-5 and L5-S1 injection under fluoroscopy and anesthesia is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 outpatient right sided transforaminal epidural L4-5 and L5-S1 injection under fluoroscopy and anesthesia 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2008.

Thus far, the applicant has been treated with the following: Analgesic medications; at least eight session of chiropractic manipulative therapy; at least one prior epidural steroid on July 23, 2013; transfer of care to and from various providers in various specialties; and work restrictions. It is not clear whether the applicant's limitations have been accommodated by the employer or not, however. An earlier note of July 11, 2013, states that the applicant is retired from his former occupation as a grounds keeper.

In a Utilization Review Report of August 12, 2013, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed, on August 22, 2013.

The applicant underwent an epidural steroid injection on July 23, 2013.

An earlier clinical progress note of August 8, 2013 is notable for comments that the applicant reported approximately 60% improvement in pain, from a level of 9/10 to 4/10 after the injection and medications. The applicant's exhibits decreased sensation with positive straight leg raising about the right leg. Recommendation is made for the applicant to pursuit a second epidural steroid injection.

A prior lumbar MRI of August 3, 2012 is notable for multilevel disk desiccation and narrowing of the lateral recesses at both L4-L5 and L5-S1.

A later note of September 26, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the right leg with positive straight leg raising again appreciated about the same. The epidural steroid injection was again endorsed.

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 outpatient right sided transforaminal epidural L4-5 and L5-S1 injection under fluoroscopy and anesthesia:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, pg. 46, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines, criteria for pursuit of epidural steroid injection therapy include evidence of pain relief and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. In this case, there was no clear evidence that the employee had effected such pain relief on the September 16, 2013 office visit, approximately seven months removed from the prior epidural steroid injection. The earlier request made on August 8, 2013, was only two to three weeks removed from the prior epidural steroid injection. The pain reduction achieved on that date is insufficient to support the request for repeat epidural steroid injection therapy. **The request for outpatient right sided transforaminal epidural L4-5 and L5-S1 injection under fluoroscopy and anesthesia 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.