

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/19/2013
Date of Injury:	7/17/2009
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0017584

- 1) MAXIMUS Federal Services, Inc. has determined the request for **LESI under fluoroscopy L5-S1 to lumbar spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/19/2013. 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 **LESI under fluoroscopy L5-S1 to lumbar spine** 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 Physical Medicine and Rehabilitation, 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 patient is a 47 year old male with a date of injury of 7/16/2009. At that time he was involved in a motor vehicle accident during the course of his employment. He underwent a lumbar spine fusion on 1/4/2010. The patient did not have resolution of his symptoms following that surgery. The patient underwent numerous conservative treatments with no significant improvement in his condition. A Progress report dated 2/3/2012 by Dr. [REDACTED] indicates, "following each of several lumbar epidural steroid injections performed by Dr. [REDACTED], the pateint experienced some significant transient symptomatic improvement which allowed him to walk more for exercise and he had been able to lose some of the extra weight he had gained." The note goes on to state, "after each injection, he reported approximately 70% improvement in his symptoms which lasted for months." An operative report dated 7/29/2013 by Dr. [REDACTED] indicates that the patient underwent a bilateral L5/S1 TF ESI. A utilization review determination rendered on 8/12/13 recommends non-certification for "LESI under fluoroscopy L5-S1 to lumbar spine" due to a "lack of documentation of prior epidural injection response performed in this case and no clinical imaging to support a radicular process at the requested L5-S1 level."

### 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:

[REDACTED]

**1) Regarding the request for LESI under fluroscopy L5-S1 to lumbar spine :**

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 the Chronic Pain Medical Treatment Guidelines 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:

Guidelines recommend documentation of at least 50% pain relief as well as reduction in medication use for at least six to eight weeks if repeat epidural steroid injection is to be considered. According to the medical records provided for review, it appears that the employee underwent a bilateral transforaminal epidural steroid injection on 7/29/2013. According to the medical records provided for review, there is no documentation identifying whether there was any reduction in pain or objective functional improvement as a result of that injection. Additionally, there is no recent documentation of physical examination findings supporting a diagnosis of radiculopathy or diagnostic studies corroborating such a diagnosis. **The request for LESI under fluoroscopy L5-S1 to lumbar spine is not medically necessary.**

**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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.