

Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0017861	Date of Injury:	10/20/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
63047			

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 20, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; prior one level lumbar spine fusion at L5-S1; MRI imaging of July 22, 2013 notable for an L4-L5, 3 mm disk bulge and multilevel retrolisthesis and facet disease; prior multilevel medial branch blocks; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

A note of September 24, 2013 is notable and comments that the applicant has retired from his former employment as a correctional officer.

In a Utilization Review Report of August 26, 2013, the claims administrator denied a request for a transforaminal selective nerve root block with fluoroscopy and sedations. The applicant's attorney later appealed, on August 27, 2013.

Nearly a note of August 1, 2013 is notable for comments that the applicant reports persistent low back pain, dull, radiating to the left lower extremity. The applicant also reports numbness about the toes. The applicant exhibits an antalgic gait with negative straight leg raising, limited range of motion, and facetogenic tenderness appreciated. A gym membership is sought. On September 23, 2013, the applicant's interventional spine physician notes that the applicant has had multiple prior epidural steroid injections over the life of the claim. The applicant had no relief with the four prior injections. The applicant is still having ongoing issues with pain complaints. The applicant is on Norco,

Robaxin, and Motrin for pain relief. As noted previously, the applicant has retired and is presently off of work. 5/5 lower extremity strength is appreciated with decreased, but symmetric reflexes about the bilateral lower extremities. The applicant is given prescriptions for OxyContin, Zanaflex, and Motrin. Home exercises are endorsed.

IMR DECISION(S) AND RATIONALE(S)

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

1. Injection-Spine Lumbar Transforaminal Selective Nerve Root Block with Fluoroscopy and Sedation is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 46, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections should be based on clear evidence of functional improvement. In this case, however, there is no clear evidence of functional improvement effected through the four prior epidural steroid injections. The applicant has failed to return to any form of work.

The fact that the applicant continues to report heightened pain and is using a variety of opioid and nonopioid analgesics, taken together, further implies a lack of functional improvement as defined in MTUS 9792.20f following completion of the four prior epidural injections. Therefore, the repeat epidural injection/selective nerve root block is not certified, on Independent Medical Review.

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]

CM13-0017861