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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 08/08/2013  
Date of Injury: 09/07/2008  
IMR Application Received: 08/12/2013  
MAXIMUS Case Number: CM13-0017941

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 Physical Medicine and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 patient is a 50-year-old woman. Her underlying date of injury is 09/07/2008. The mechanism of injury is that she was reaching for a box weighing 30-40 pounds overhead. The box fell, striking the patient's hands and then landing on the patient's left foot. The patient fell backwards onto her back and struck her head. The diagnoses included lumbar postlaminectomy syndrome, right knee pain, left foot pain, and short-term memory loss.

As of 07/30/2013, the treating provider reported the patient had ongoing constant aching pain in the lumbosacral junction and into both buttocks and down the entirety of the left foot. There was positive straight leg raising, and there was decreased pinprick in the anterolateral aspect of both legs. That note indicated the patient had not benefitted from past spinal surgery or facet radiofrequency ablation. The provider recommended diagnostic facet injection as well as medial branch blocks and also epiduroscopy.

On initial physician review, this treatment was felt to be not supported as part of the standard of care.

Plain films of the lumbar spine of 09/26/2012 demonstrated a prior laminectomy at L3 through L5 with mild narrowing at multiple levels and anterior osteophytes at L4-5.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Epiduroscopy is not medically necessary and appropriate.**

The Claims Administrator based its decision on: Not clear from the UR Determination

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12/Low Back and Page 309, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The ACOEM guidelines, chapter 12 regarding the low back, state, "MRI is the test of choice for patients with prior back surgery." The medical records at this time request an epiduroscopy, which is an investigational procedure. This procedure is not considered part of the standard of care per the treatment guidelines. The medical records in this case do not provide a rationale as to the indication or efficacy of investigational treatment. Therefore, this request 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.

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