
Independent Medical Review Final Determination Letter

892

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

Dated: 12/27/2013

IMR Case Number:	CM13-0018006	Date of Injury:	10/26/2006
Claims Number:	[REDACTED]	UR Denial Date:	08/16/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:			
LUMBAR EPIDURAL INJECTIONS-(SERIES)-L4-5 AND L5-S1			

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. 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:

The underlying date of injury in this case is 10/26/2006. Treating diagnoses include lumbar radiculopathy, status post L4-L5 fusion, and lumbar facet arthropathy with myofascial pain. The initial mechanism of injury is that the patient was injured when she lost her balance on a step stool which caused her to fall. The patient was treated surgically. She has continued to constant low back pain radiating to the upper back and the right leg. The patient has been noted on exam to have lumbar tenderness with limited motion and a positive lumbar facet compression test. Lumbar MRI of 07/06/2012 demonstrates 6 lumbar vertebrae with postsurgical changes and no neural foraminal narrowing other than possibly impingement on the descending right S1 root at L5-S1. An initial physician review concluded that this requested treatment was not medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar epidural steroid injections (series) L4-5 and L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, page 300 and the Chronic Pain Medical Treatment Guidelines, page 46, which are part of the MTUS and the AMA Guides, Radiculopathy, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state, "Radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing." The medical

records in this case do not contain physical examination findings and diagnostic testing which correlate at a particular level. Rather, this patient has multifocal pain which is not clearly radicular in nature to a particular nerve root level. Therefore, this treatment 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.

[REDACTED]

CM13-0018006