

Independent Medical Review Final Determination Letter

916

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

Dated: 12/30/2013

| | | | |
|---|---------------|------------------------------|------------|
| IMR Case Number: | CM13-0018061 | Date of Injury: | 12/20/2004 |
| Claims Number: | [REDACTED] | UR Denial Date: | 08/15/2013 |
| Priority: | STANDARD | Application Received: | 08/29/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] MD | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| PLEASE SEE SECOND PAGE | | | |

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 Anesthesiology has a subspecialty in Pain 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]

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 patient is a 48-year-old female who reported an injury on 12/20/2004 due to lifting 40 pound packages onto a overhead conveyor belt. The lifting caused a sudden pop of the back and causing the patient to fall to the floor. The patient underwent a discectomy at the L4-5 level in 03/2005. The patient underwent neck fusion at the C4 through C7 levels in 10/2006. The patient was treated conservatively for approximately 2 years following that surgery. The patient underwent spinal fusion at the L5-S1 level in 2011. An MRI in 04/2013 revealed the patient had a paracentral disc protrusion at the L4-5 level, nerve root clumping at the L2-3 level. The patient underwent revision of the discectomy and removal of extruded graft material in 04/2013. The patient underwent and MRI in 08/2013 that revealed evidence of a fusion and laminectomy at the L4 through S1 levels and neural foraminal stenosis on the left side at the L5-S1, and partial lumbarization of the S1 vertebral body. The patient had continued complaints of back pain. Physical findings included spinous process tenderness of the lumbar spine to palpation, decreased range of motion, positive straight leg raising tests bilaterally. The patient's diagnoses included sciatica, intervertebral disc disorder, and lumbago. The patient's treatment plan included lumbar epidural steroid injections.

IMR DECISION(S) AND RATIONALE(S)

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

1. Decision for outpatient epidural steroid injections, (ESI), eight (8). to unspecified level(s) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Section Epidural steroid injections, which is part of MTUS

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

The Physician Reviewer's decision rationale:

The clinical documentation submitted for review does indicate that the employee has straight leg raising test and disturbed sensation of the left lower extremity to support complaints of radiculopathy. The MTUS Chronic Pain guidelines recommend epidural steroid injections for radiculopathy that is supported by objective clinical findings and corroborated by an imaging study that are unresponsive to conservative treatment. The employee has undergone several surgical interventions that have failed to treat this employee's symptoms. Although the employee does appear to meet the criteria for an epidural steroid injection, the request as it is written does not specify the level at which the epidural steroid injection will be administered. Additionally, the MTUS guidelines indicate that current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines recommend no more than 2 ESI injections. The request is for 8 epidural steroid injections. The request does not clearly identify whether this is a series of injections, 8 injections, to be administered at different levels. Additionally, it is unclear if this is a transforaminal or interlaminar level injection. The MTUS guidelines do not recommend more than 2 nerve root levels be injected using transforaminal blocks or more than 1 nerve root level be injection using interlaminar blocks. **The for request outpatient epidural steroid injection (ESI), 8, to unspecified levels is not medically necessary or appropriate.**

/sm

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]

CM13-0018061