

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270

**Independent Medical Review Final Determination Letter**

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

Dated: 12/27/2013

IMR Case Number:	CM13-0018065	Date of Injury:	01/21/2009
Claims Number:	[REDACTED]	UR Denial Date:	05/15/2013
Priority:	Standard	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	Outpatient transforominal epidural steroid injection at bilateral 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 PM&R, and is licensed to practice in 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 42-year-old man. His underlying date of injury is 01/21/2009 with the mechanism of injury that he was pushing a large object up a ramp and the co-worker did not have enough strength, and the claimant had to push this with his full body weight. His diagnoses include lumbar disc protrusion L5-S1, lumbar degenerative disc disease, lumbar foraminal syndrome, and chronic pain syndrome. A lumbar MRI of 07/08/2013 demonstrated a central disc protrusion at L5-S1. An appeal letter from the provider requests the epidural under review with the rationale the patient had positive straight leg raising and had failed trials to date and had symptomatic relief from L5-S1 transforaminal injections previously. An initial review noted that there was not objective evidence of benefit from prior epidural injections and/or objective evidence of current neurological findings other than straight leg raising.

IMR DECISION(S) AND RATIONALE(S)

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

1. Outpatient transforaminal epidural steroid injection (ESI) at bilateral L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is 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 Section Epidural Injections, page 46, states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of

medication use for 6-8 weeks. The purpose of epidural steroid injections is to reduce pain and inflammation and facilitate progress in more active treatment programs but this treatment alone offers no significant long-term functional benefit.” Thus, overall the guidelines provide only equivocal support for rational for epidural steroid injections in the current chronic phase. In this case, the treating provider reports that the patient previously underwent epidural injections. However, the medical records do not provide specific documentation of past benefit consistent with the criteria in the guidelines. 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.

[REDACTED]

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