

## Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

<b>IMR Case Number:</b>	CM13-0018588	<b>Date of Injury:</b>	10/10/2009
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
ONE DIAGNOSTIC LEFT L4 AND L5 TRANSFORAMINAL BLOCK			

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 orthopedic surgery, 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 58-year-old injured October 10, 2009 after a fall at work sustaining a low back complaint. The clinical assessment of August 8, 2013 with Dr. [REDACTED] indicated a chief complaint of low back pain with radiating left lower extremity pain with associated weakness and cramping. It stated at that time a recent July 23, 2013 diagnostic L4-L5 left epidural steroid injection was of no long term benefit. The patient's physical examination showed facet joint tenderness from L4 through S1 on the left greater than right with positive straight leg raising on the left, tenderness over the medial aspect of the left knee and sensory changes in a left L5-S1 nerve root distribution. There was mild muscle weakness to the left lower extremity with diminished Achilles reflexes on the left compared to the right. A second epidural injection at the left L4-L5 level was recommended between the dates of August 20, 2013 and October 4, 2013. The previous imaging includes lumbar MRI report January 15, 2013 showing disc desiccation from L3-L4 through L5-S1 with loss of disc height. The L4-L5 level was with facet joint changes and hypertrophy resulting in bilateral neuroforaminal and canal stenosis. The L5-S1 level was with similar findings with facet changes and foraminal canal stenosis.

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

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

**1. One diagnostic left L4 and L5 transforaminal block is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), as well as the Chronic Pain Medical Treatment Guidelines, which are both part of the MTUS.

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

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, if an epidural steroid injection is used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. The employee had recently undergone an injection on July 23, 2013 that did not provide significant benefit from a pain relief standpoint and the duration of relief also was not significant. A repeat injection therapy is only indicated with documented improvement of 50% pain relief, six to eight weeks with supportive documentation of reduction in the use of medications and improved function. This was not evident in this case. The repeat injection would not be supported per the clinical guidelines. **The request for one diagnostic left L4 and L5 transforaminal block is not medically necessary and appropriate.**

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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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