

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	1/3/2013
IMR Application Received:	8/30/2013
MAXIMUS Case Number:	CM13-0018767

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar L5-S1 ESI (epidural steroid injection) with Dr. [REDACTED] (injection #2) is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar L5-S1 ESI (epidural steroid injection) with Dr. [REDACTED] (injection #2) is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and in Pain Management 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 Expert 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient has a date of injury of January 3, 2013. An undated handwritten note states "received first injection on July 1, it has improved the symptoms by alleviating pain in the right hip area and weakness in the left leg. Second injection was denied by Bunch Care." A utilization review determination dated August 1, 2013 recommends non-certification of lumbar L5-S1 epidural steroid injection. The requested epidural was not certified due to "the patient had received one epidural injection and had not had significant long-term improvement." A progress report dated September 10, 2013 include subjective complaints stating "he is status post L5-S1 lumbar epidural steroid injection on July 1, 2013 with reported 50% pain relief to date. The patient also states the ability to sit and stand for longer than 15 minutes, which was previously unable to do. The patient also reports the burning pain in his right groin has resolved completely and reports less weakness and numbness in his left lower leg by 50 to 60%. The patient continues to report the associated numbness and tingling down his left leg to the lateral calf and top of the foot, but it's more intermittent and aggravated with increased activity. The patient reports he was able to reduce his Norco and Flexeril to as needed. The patient reports there were a few days he did not take any pain medication.

The patient states that the pain in the left lower back has gradually returned." Physical examination identifies decreased motor strength with left foot dorsiflexion as well as decreased sensation around the lateral calf, dorsal aspect of the foot on the left. Diagnoses include a lumbar radiculopathy and low back pain. Treatment plan states "the patient has demonstrated improvement in pain relief and improve functional ability in the past eight weeks since his first epidural injection. The patient continues to demonstrate physical exam findings suggestive of a lumbar sacral radiculopathy in the left lower leg in the L5 – S1 distribution. Since the patient had appropriate response to first epidural injection, and is in full concordance with MTUS guidelines for repeat

epidural, I am recommending/requesting a repeat L5-S1 lumbar epidural steroid injection under fluoroscopy with Dr. [REDACTED]"

The note goes on to state "if the patient continues to improve, he may be able to return to work modified duty as the patient does report eagerness to return back to the workforce." An MRI report dated January 29, 2013 identifies "L5-S1: there is an approximately 4 to 5 mm far right lateral disc protrusion present with right facet arthropathy, resulting in moderate right foraminal stenosis."

Documents Reviewed for Determination:

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]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for lumbar L5-S1 ESI (epidural steroid injection) with Dr. [REDACTED] (injection #2):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is a part of the MTUS.

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

Rationale for the Decision:

Regarding the request for repeat L5-S1 epidural steroid injection, according to the Chronic Pain Medical Treatment Guidelines, a repeat epidural steroid injection is recommended provided there is documentation of continued objective documented pain and functional improvement is recommended, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. A review of the records indicates that the requesting physician has identified that the patient has improved function, reduced medication used, and has at least 50% reduction in pain, for over eight weeks. This meets the guideline criteria. The physician's goals are for the employee are to be able to return to modified duty. **The request for L5-S1 ESI with Dr, [REDACTED] (injection #2) is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: [Redacted]

/dat

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.