

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	7/11/2009
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018916

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right sided TFESI (transforaminal epidural steroid injection) L5-S1 via caudal is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/31/2013. 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 **right sided TFESI L5-S1 via caudal is not 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 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 July 11, 2009. A utilization review determination dated July 31, 2013 recommends modified certification of right-sided L5-S1 transforaminal epidural steroid injection. The utilization review physician identifies "during the peer conference the provider clarified the request to be a right transforaminal right side at L5-S1." A progress report dated July 6, 2013 includes subjective complaints of "constant low back pain shooting down legs, right more than left with tingling, numbness and paresthesia." The note goes on to identify physical examination findings of limited range of motion of the lumbar spine, right leg straight leg raising is 50 – 60°, left-sided straight leg raising is 60 – 70°. Manual motor strength 5/5 except for the right extensor pollicis longest and plantar flexors are 4+/5. There is diminished sensation to light touch along medial lateral border of the right leg and foot." Diagnoses include a failed back surgery syndrome and bilateral L5 lumbar radiculopathy. The treatment plan includes medication and a home exercise program. A lumbar MRI performed on April 8, 2013 identifies "a round 3 mm extra medullary intradural lesion at the level of L1-2. At L4-5 mild annular disc bulge and 2 mm posterior central extrusion 2 mm inferior from the inter-vertebral disc causing mild bilateral neural foraminal narrowing. There appears to be no central canal stenosis. At L5-S1 mild annular disc bulch and a 4 mm broad based posterior central protrusion. No central canal stenosis or neuroforamina narrowing. An EMG (electromyogram) performed on August 19, 2011 identified bilateral L5 radiculopathy.

An operative report dated August 14, 2013 includes operation performed "right-sided S1 transforaminal epidural steroid injection. Right-sided L5 transforaminal epidural steroid injection. Caudal epidural steroid injection." A progress report dated September 10, 2013 includes subjective complaints stating "he reports 70% pain relief after epidural steroid injection. The patient's pain is significantly under control. The patient is very happy after epidural injection. The patient has constant low back pain with intermittent flare up.

The patient occasionally has a shooting pain in right leg with tingling, numbness and paresthesias and pain 3-5/10 on VAS. Prolonged standing, bending and lifting heavy objects makes his pain worse. Physical examination identifies "Range of motion of lumbar spine is improved. There is increased lumbar lordosis." Diagnoses include failed back surgery syndrome and bilateral L5 lumbar radiculopathy.

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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right sided TFESI (transforaminal epidural steroid injection) L5-S1 via caudal:

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, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), page 46, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement are recommended, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there is no identification of any functional improvement or reduction in medication use as a result of the most recent epidural injections. Additionally, there is no indication as to how long the most recent epidurals have lasted and there is no statement indicating why the concurrent use of transforaminal ESI and Caudal ESI would be necessary. **The request for right sided TFESI (transforaminal epidural steroid injection) L5-S1 via caudal is not medically necessary or 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: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.