

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	10/18/2012
IMR Application Received:	7/9/2013
MAXIMUS Case Number:	CM13-0001045

- 1) MAXIMUS Federal Services, Inc. has determined the requested fluoroscopically guided diagnostic transforaminal epidural steroid injection at bilateral L4-5 and L5-S1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 requested fluoroscopically guided diagnostic transforaminal epidural steroid injection at bilateral L4-5 and L5-S1 **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“Review of the medical documentation identifies the claimant sustained an industrial injury on 10/18/2012 When she was walking up the stairs to get on the bus and was grabbed by a large disabled student who weighed about 230 pounds. The claimant was pulled by her hair and wrestled to the ground injuring her neck and back region. She has been under the care of treating physicians for lumbar spinal stenosis and cervical spinal stenosis. The most recent evaluation dated June 5, 2013 was provided for review which noted, the claimant presented with complaints of axial back pain that radiates into the buttock region, worse with extension or facet loading. She also has axial neck pain with associated cervicogenic headaches. The claimant does not have radicular symptoms. Objective findings reveal cervical tenderness to palpation; multiple trigger points and taut bands palpated throughout as well as reduced cervical range of motion. Lumbar spine examination revealed tenderness to palpation about the lumbar paravertebral musculature and sciatic notch with trigger points and taut bands noted throughout as well as reduced lumbar range of motion. Strength and sensation were intact throughout the bilateral upper and lower extremities. Modified sitting straight leg raise is negative at 65 degrees bilaterally. It was recommended the claimant undergo a fluoroscopically guided Diagnostic Transforaminal Epidural Steroid Injection at the bilateral L4-5 and L5-S1 levels.”

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 for Independent Medical Review dated 7/09/2013
- Utilization Review Determination provided by [REDACTED] dated 7/03/2013

- Medical Records from 10/18/2012 through 6/11/2013
- ACOEM Guidelines, 2004, 2nd Edition, Low Back Complaints, Injections page 309
- Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections, pages 46-47

1) Regarding the request for fluoroscopically guided diagnostic transforaminal epidural steroid injection at bilateral L4-5 and L5-S1:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, Injections, page 309, and the Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections, pages 46-47, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was assaulted on 10/12/2012 injuring the low back and neck. The diagnosis was lumbar spinal stenosis as well as cervical spinal stenosis. The most recent evaluation, dated 6/05/2013, revealed subjective and objective indicators of continued pain and discomfort. A request was made for fluoroscopically guided diagnostic transformational epidural steroid injection at bilateral L4-L5 and L5-S1.

The MTUS guidelines do not recommend epidural steroid injections without clinical evidence of radiculopathy as confirmed by electrodiagnostic (EMG/NCV) studies and/or MRI. No clinical or electrodiagnostic evidence of radiculopathy was indicated in the reviewed records. The requested fluoroscopically guided diagnostic transforaminal epidural steroid injection at bilateral L4-5 and L5-S1 is not 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

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.