
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 8/23/2012
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-CM13-0001237

- 1) MAXIMUS Federal Services, Inc. has determined the request for 2nd set of epidural steroid injection Left L5-S1 lumbar transforaminal **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 2nd set of epidural steroid injection Left L5-S1 lumbar transforaminal **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 5, 2013

"The employee is a 40 year old male worker. The mechanism of injury is not noted. The date of injury was on 8/23/2012. He sustained injury to his trunk: Low Back (Lmbr/Lmbo-Sac). His current work status is not noted. The trunk: Low back (Lmbr/Lmbo-Sac) has been accepted by the carrier."

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 7/12/2013)
- Utilization Review from [REDACTED] (dated 7/5/2013)
- Medical Records from [REDACTED] (dated 8/23/12-1/15/13)
- Medical Records from [REDACTED] (dated 8/24/12-7/12/13)
- Medical Records from Dr. [REDACTED], MD (dated 8/25/12)
- Medical Records from [REDACTED] (dated 10/30/12)
- Medical Records from [REDACTED], MD (dated 11/16/12-5/3/13)
- Medical Records from [REDACTED] (dated 1/25/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300
- Chronic Pain Medical Treatment Guidelines, MTUS, 2009, pg. 46

1) Regarding the request for 2nd set of epidural steroid injection Left L5-S1 lumbar transforaminal:

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the issue at dispute. The Expert Reviewer used the Chronic Pain Medical Treatment Guidelines (May, 2009), Epidural Injection. Pg. 46, which is part of the (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on August 23, 2012 to the lower back. Medical records provided for review indicate treatments have included pain medication and epidural steroid injection. The request is for 2nd set of epidural steroid injection left L5-S1 lumbar transforaminal.

The MTUS Chronic Pain Medical Treatment guidelines indicates the criteria for repeat epidural steroid injections are documented pain and functional improvement, including at least 50% pain relief associated with a reduction of medication use for six to eight weeks. The medical records provided for review indicate some pain relief for 1-2 weeks with the use of less pain medications with symptoms increasing after six or eight week which would not meet guideline criteria for a repeat injection. The request for 2nd set of epidural steroid injection left L5-S1 lumbar transforaminal 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
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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.