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**Notice of Independent Medical Review Determination**

Dated: 9/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

1/27/2003

7/12/2013

CM13-0001311

- 1) MAXIMUS Federal Services, Inc. has determined the request for translaminal epidural steroid injection L3-4 **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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 Translaminar Epidural Steroid Injection L3-4 **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, has a subspecialty 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013

"This is an injured worker with a date of injury of 01/27/2003. Dr. [REDACTED] provided an appeal dated March 18, 2013. The patient was noted to be status post lumbar laminectomy with continued low back and leg symptoms. Her case was complicated by SCS failure and explantation. The patient's low back and leg symptoms have returned. A previous MRI 2010 noted mild annular bulge at L4-5 with facet arthropathy at L4-5 and L5-S1. Physical examination revealed only tenderness at L4-5. The neurological examination was unchanged. There was a request for L3-4 epidural given that the patient may have pathology at L4-5 from adjacent level stress.

The patient was evaluated on December 10, 2012. The patient had complaints of low back pain with radiation of pain into bilateral lower extremities. The patient also noted pain at the generator site. The patient's symptoms previously responded to the SCS and a previous epidural steroid injection done two years ago. Physical examination revealed previous surgical site to be clean, dry, and intact. Deep tendon reflexes were symmetrical at the patella and ankles bilaterally. The patient had normal sensation in the lower extremities. Straight leg raise caused back pain. The gait was antalgic with a cane. There was tenderness at the lumbrosacral spine. The patient's previous run of course similarly yours was beneficial in managing the back and leg pain. It appears that the device was removed due to generator pain. Due to a good response from previous epidural steroid injection in the past, the patient has requested repeated them."

**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)
- Medical Records from [REDACTED] (dated 7/12/12-5/13/13)
- Medical Records from [REDACTED] (dated 10/15/12)
- Chronic Pain Medical Treatment Guidelines (May, 2009),pg. 46

**1) Regarding the request for translaminar epidural steroid injection L3-4:****Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 46, 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 the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

**Rationale for the Decision:**

The employee was injured on 1/27/03 and has experienced pain in the low back and leg. The medical records provided for review indicate that the employee is status post lumbar laminectomy with continued low back and leg symptoms, and indicate previous epidural steroid injections. The request was submitted for translaminar epidural steroid injection L3-4.

The MTUS Chronic Pain guideline criteria for the use of epidural steroid injections indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records reviewed do not reveal physical exam findings of a clear myotomal or dermatomal distribution of neurologic dysfunction suggestive of radiculopathy. Furthermore, there is a lack of a recent lumbar MRI or electrodiagnostic study to confirm radiculopathy, both of which would be required for epidural steroid injection per the guidelines. The request for translaminar epidural steroid injection L3-4 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;

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

/th

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.