
Notice of Independent Medical Review Determination

Dated: 9/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	11/29/2011
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001658

- 1) MAXIMUS Federal Services, Inc. has determined the requested Lumbar epidural steroid injection (LESI) with hypertonic saline via caudal approach and with epidurogram at unspecified level(s) to lyse scar tissue in the epidural space **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 Lumbar epidural steroid injection (LESI) with hypertonic saline via caudal approach and with epidurogram at unspecified level(s) to lyse scar tissue in the epidural space **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 9, 2013

"The employee was injured on 11/19/11. Last office visit on 6/17/13 noted ongoing low back pain (LBP) that is constant and sharp. States "it feels like a knife wedged into my anus", and is embarrassed to describe it. Employee reports some benefit from the medrox patches and sintralyne. Current medications: nycinta 75mg, prednisone 10mg, Vit B12 injection, Colace 100mg, Medrox patch, prilosec, sintralyne. Physical exam: 5", 159#. Employee is in tremendous distress today, having been out of Norco for 3 weeks, and unable to obtain refill of nycinta at the MPN store pharmacy. Office visit 5/21/12 noted ongoing LBP that radiates to posterior right thigh down to the knee. Reports increasing depression due to pain and inability to work. States the coccygeal pain is improved but not the low back pain. The February LESI helped, she was able to sleep more and reduce med use. States overall pain is less than a year ago, but not so much that she can yet return to work. Physical exam 59" 160#. She had a positive response to the previous LESI. She has had escalating pain with radicular symptoms in the right lower extremity (RLE). She is anxious to return to work. (clinical exam as submitted ends here, no objective data included other than ht & wt.) Office visit on 3/27/13 noted patient is on the last day of the second week of her Predisone taper. She is feeling a big difference. The leg pain is now intermittent and it is mild. The low back pain feels like pressure in her low back, responding extremely well to the Prednisone taper. It is clear her pain is arising from her inflammation and every effort must be made to control her inflammation. The last lumbar epidural steroid injection there was 50% relief for the 10 days following the injection."

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 7/16/2013)
- Utilization Review from [REDACTED] (dated 7/9/2013)

NOTE: Requested medical records were not submitted timely from the claims administrator.

1) Regarding the request for Lumbar epidural steroid injection (LESI) with hypertonic saline via caudal approach and with epidurogram at unspecified level(s) to lyse scar tissue in the epidural space:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Chapter 1 Low Back- Adhesiolysis, percutaneous, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the Medical Treatment Utilization Schedule (MTUS) did not address the issue at dispute. The Expert Reviewer based his/her decision on the Official Disability ?

Rationale for the Decision:

The employee sustained a work-related injury on November 29, 2011 to the lower back. The medical records provided for review indicate diagnoses of lumbosacral neuritis, sprain of coccyx, insomnia, myalgia and myositis, neuralgia/neuritis, and disorders of sacrum. Treatments have included lumbar epidural steroid injection (LESI) and medication management. The request is for lumbar epidural steroid injection (LESI) with hypertonic saline via caudal approach and with epidurogram at unspecified level(s) to lyse scar tissue in the epidural space.

The Official Disability Guidelines (ODG) do not recommend percutaneous adhesiolysis due to the lack of sufficient literature evidence. No medical records were provided for review, which might document any additional clinical criteria for the requested treatment. The request for lumbar epidural steroid injection (LESI) with hypertonic saline via caudal approach and with epidurogram at unspecified level(s) to lyse scar tissue in the epidural space **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

/hs

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.