
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

5/10/2006

7/18/2013

CM13-0002024

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left L3 transforaminal block **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a left L4 transforaminal block **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a left L5 transforaminal block **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 a left L3 transforaminal block **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a left L4 transforaminal block **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a left L5 transforaminal block **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 10, 2013

“CLINICAL SUMMARY: [REDACTED] is a 65 year old (DOB: 12/0/47) female, Driver’s license Registration Examiner for [REDACTED], with a date of injury on 05/10/06 while giving driving tests and having multiple motor vehicle accidents. The carrier has accepted: knee (left) and lower back area. The current work status is: not given. PRIOR UR: Refer to document~ for URD older than 6 months. -04/19/13 [REDACTED] M.D.: [REDACTED]: certified bilateral L4-S 1 median branch nerve blocks, re-eval for follow up, Norco 10/325 mg # 120.

DIAGNOSTICS:

-01/07/13 [REDACTED], M.D.; MRI lumbar spine Impression: 1. Evidence of transitional vertebral anatomy with. designated as left hemisacralization of L5 on this exam. 2. Mild multilevel degenerative changes as described above. There are mild right-sided neural foramina! stenosis at L5-S 1 and mild left-sided neural foraminal stenosis at L4-5. There is no significant spinal canal stenosis in the lumbar spine or focal disc protrusion or extrusion. 3. Severe diffuse atrophy of the visualized paraspinous musculature, more than expected for age-related changes alone. Clinical correlation is suggested.”

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 7/18/2013
- Utilization Review Determination from [REDACTED] dated 7/10/2013
- Medical Records from 7/27/2012 through 6/24/2013
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left L3 transforaminal block:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections (ESI), page 46, a 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 section of the MTUS Chronic Pain guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 5/10/2006. The submitted and reviewed medical records indicate that the employee has had MRIs, an exercise program, physical therapy, epidural steroid injections, and pain medications. The most recent medical report, dated 6/24/2013, indicated that the employee continued to have low back pain with pain radiating to the bilateral lower extremities, with weakness, numbness, and tingling. The pain level was described at 8/10 with medications and 10/10 without medications. A request was submitted for a left L3 transforaminal block, a left L4 transforaminal block, and a left L5 transforaminal block.

The MTUS Chronic Pain Guidelines state that epidural steroid injections (ESI) are “recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)”. The criteria for use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including 50% pain relief with associated reduction in medication use for six to eight weeks. The reviewed medical records do not indicate that the employee has achieved 50% improvement beyond even three weeks since the last ESI performed. The request for L3 transforaminal block is not medically necessary and appropriate.

2) Regarding the request for left L4 transforaminal block:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections (ESI), page 46, a 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 section of the MTUS Chronic Pain guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 5/10/2006. The submitted and reviewed medical records indicate that the employee has had MRIs, an exercise program, physical therapy, epidural steroid injections, and pain medications. The most recent medical report, dated 6/24/2013, indicated that the employee continued to have low back pain with pain radiating to the bilateral lower extremities, with weakness, numbness, and tingling. The pain level was described at 8/10 with medications and 10/10 without medications. A request was submitted for a left L3 transforaminal block, a left L4 transforaminal block, and a left L5 transforaminal block.

The MTUS Chronic Pain Guidelines state that epidural steroid injections (ESI) are “recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)”. The criteria for use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including 50% pain relief with associated reduction in medication use for six to eight weeks. The reviewed medical records do not indicate that the employee has achieved 50% improvement beyond even three weeks since the last ESI performed. The request for L4 transforaminal block is not medically necessary and appropriate.

3) Regarding the request for left L5 transforaminal block:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines, 2009, Epidural Steroid Injections (ESI), page 46, a 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 section of the MTUS Chronic Pain guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back on 5/10/2006. The submitted and reviewed medical records indicate that the employee has had MRIs, an exercise program, physical therapy, epidural steroid injections, and pain medications. The most recent medical report, dated 6/24/2013, indicated that the employee continued to have low back pain with pain radiating to the bilateral lower extremities, with

weakness, numbness, and tingling. The pain level was described at 8/10 with medications and 10/10 without medications. A request was submitted for a left L3 transforaminal block, a left L4 transforaminal block, and a left L5 transforaminal block.

The MTUS Chronic Pain Guidelines state that epidural steroid injections (ESI) are “recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including 50% pain relief with associated reduction in medication use for six to eight weeks. The reviewed medical records do not indicate that the employee has achieved 50% improvement beyond even three weeks since the last ESI performed. The request for L5 transforaminal block 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.