

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/15/2013

Date of Injury:

3/29/2012

IMR Application Received:

7/19/2013

MAXIMUS Case Number:

CM13-0002214

- 1) **MAXIMUS Federal Services, Inc. has determined the request for one (1) right transforaminal lumbar epidural steroid injection at L5 & S1 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 **one (1) right transforaminal lumbar epidural steroid injection at 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 Orthopaedic Surgery, 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.

### **Clinical Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 7/15/2013.

"██████████ is a 50 year old (██████████) male with injury Lifting a 30lb box, lost footing and twisted back on 03/29/2012. The low back has been accepted by the carrier. Released with work restrictions."

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for one (1) right transforaminal lumbar epidural steroid injection at L5 & S1:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 45, Epidural steroid injections (ESIs), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 45, Epidural steroid injections (ESIs), which is part of the MTUS.

Rationale for the Decision:

The employee reported a work-related injury to his lumbar spine as a result of strain on 03/29/2012. Subsequently, the employee has been treated for the following diagnoses, lumbar radiculopathy, HNP of the lumbar spine at L4-5 and L5-S1. The most recent clinical note submitted for review by the employee's treating provider, for his lumbar spine pain complaints reports, the employee presents with complaints of low back pain with right lower extremity symptoms which the patient rates at 2/10 on the VAS. The provider documented the employee reports decreased home exercises which in turn has decreased the low back pain. The provider documents the employee is not utilizing any oral medications for pain complaints. Upon physical exam of the employee, 5/5 motor strength was noted to be throughout the bilateral lower extremities with the exception of 4+/5 to the right TA, EHL and inversion and eversion. Straight leg raise at the left at 80 degrees elicited low back pain. The provider reviewed an MRI of the lumbar spine dated 05/04/2012 which revealed a 2 mm left foraminal disc bulge with possible annular tear at the L4-5 causing some mild left-sided neural foraminal encroachment without nerve root impingement. No central canal stenosis was noted. MRI reviewed of the lumbar spine dated 04/08/2013 revealed a left L4-5 protrusion and annular fissure contacting the exiting left L4 nerve root with moderate left neural foraminal narrowing; at the L5-S1, a right paracentral protrusion and annular fissure contacts and posteriorly displaces the right S1 nerve root narrowing the right lateral recess. The provider documented electrodiagnostic studies of the bilateral lower extremities dated 09/17/2012 revealed no abnormalities. Chronic Pain Medical Treatment Guidelines indicate, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The clinical notes lacked evidence of any official reports of the imaging or diagnostic studies, the employee reported 2/10 pain, without specifics of a dermatomal pattern correlating with any official imaging. **The request for one (1) right transforaminal lumbar epidural steroid injection at 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,

Paul Manchester, MD, MPH  
Medical Director

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

/ldh

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.