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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 2/10/2012  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002244

- 1) MAXIMUS Federal Services, Inc. has determined the request for an updated MRI of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a second epidural steroid injection at L5-S1 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ergonomic chair **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. 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 an updated MRI of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a second epidural steroid injection at L5-S1 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an ergonomic chair **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 Orthopedic 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013.

The most recent evaluation dated 06/27/13 is provided for review. The patient presented with complaints of ongoing low back pain with stiffness and spasm. The patient has difficulty sleeping due to his physical discomfort. Objective findings reveal tenderness to palpation about the right paraspinal and right trapezius musculature. There is decreased sensation to light touch at C7 distribution. Range of motion (ROM) is restricted due to pain. There are muscle spasms and positive distraction test. Examination of the lumbar spine reveals tenderness to palpation about the lumbar paravertebral musculature. There is positive straight leg raise testing bilaterally and restricted range of motion due to pain, as well as muscle spasm.

### 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
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for an updated MRI of the lumbar spine:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), but did not list a specific citation. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not list a specific citation. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the ACOEM Guidelines, Low Back Chapter, which is part of the MTUS.

### Rationale for the Decision:

The employee was injured on 2/10/2012 as a result of a motor vehicle accident. The employee has been diagnosed with cervical spine sprain/strain with radicular complaints versus discopathy, lumbar spine sprain/strain versus discopathy, post-traumatic headaches, and gastritis. An MRI of the lumbar spine dated 4/10/2012 revealed short pedicles of the lower lumbar spine, mild to moderate degenerative changes of the lower lumbar spine and facets, secondary bilateral L5 neural foraminal narrowing and encroachment upon the inferior aspects of the L4 neural foramina, annular tear at L4-5 and likely centrally at the L5-S1, probable right renal cyst. The clinic note dated 6/13/2013 reported the employee underwent an L5-S1 interlaminar epidural steroid injection. The provider noted that prescription medications only temporarily alleviate the employee's symptoms. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature, and there were positive straight leg raising tests bilaterally as well as restricted range of motion secondary to pain. A clinic note dated 7/9/2013 indicates the employee utilizes Norco 5/325, Naproxen 5/50, and Omeprazole for pain. A request was submitted for an updated MRI of the lumbar spine.

The ACOEM Guidelines indicate imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The clinical information submitted for review did not document evidence of red flag diagnoses or that surgery is being considered. The employee has not had a significant change in physical examination findings to support the necessity of the imaging study at this time. The request for an updated MRI of the lumbar spine is not medically necessary and appropriate.

## 2) Regarding the request for a second epidural steroid injection at L5-S1:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), but did not list a specific citation. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not list a specific citation. The provider did not dispute the guidelines used by the

Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/10/2012 as a result of a motor vehicle accident. The employee has been diagnosed with cervical spine sprain/strain with radicular complaints versus discopathy, lumbar spine sprain/strain versus discopathy, post-traumatic headaches, and gastritis. An MRI of the lumbar spine dated 4/10/2012 revealed short pedicles of the lower lumbar spine, mild to moderate degenerative changes of the lower lumbar spine and facets, secondary bilateral L5 neural foramina narrowing and encroachment upon the inferior aspects of the L4 neural foramina, annular tear at L4-5 and likely centrally at the L5-S1, probable right renal cyst. The clinic note dated 6/13/2013 reported the employee underwent an L5-S1 interlaminar epidural steroid injection. The provider noted that prescription medications only temporarily alleviate the employee's symptoms. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature, and there were positive straight leg raising tests bilaterally as well as restricted range of motion secondary to pain. A clinic note dated 7/9/2013 indicates the employee utilizes Norco 5/325, Naproxen 5/50, and Omeprazole for pain. A request was submitted for a second epidural steroid injection at L5-S1.

The MTUS Chronic Pain Guidelines indicate that the purpose of an epidural steroid injection is to reduce pain and inflammation, restore range of motion and facilitate progress in more active treatment programs, and avoiding surgery. The guideline also notes that this treatment alone offers no significant long-term functional benefit. The records submitted and reviewed do not document objective functional improvement status post the employee's initial injection on 6/13/2013. The MTUS Chronic Pain Guidelines indicate that repeat injections should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The records submitted lack objective documentation of pain and functional improvement. The request for a second epidural steroid injection at L5-S1 is not medically necessary and appropriate.

**3) Regarding the request for an ergonomic chair:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), but did not list a specific citation. The Claims Administrator also cited the Official Disability Guidelines (ODG), which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS), but did not list a specific citation. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the ACOEM Guidelines, Low Back Chapter, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/10/2012 as a result of a motor vehicle accident. The employee has been diagnosed with cervical spine sprain/strain with radicular complaints versus discopathy, lumbar spine sprain/strain versus discopathy, post-traumatic headaches, and gastritis. An MRI of the lumbar spine dated 4/10/2012 revealed short pedicles of the lower lumbar spine, mild to moderate degenerative changes of the lower lumbar spine and facets, secondary bilateral L5 neural foraminal narrowing and encroachment upon the inferior aspects of the L4 neural foramina, annular tear at L4-5 and likely centrally at the L5-S1, probable right renal cyst. The clinic note dated 6/13/2013 reported the employee underwent an L5-S1 interlaminar epidural steroid injection. The provider noted that prescription medications only temporarily alleviate the employee's symptoms. Examination of the lumbar spine revealed tenderness to palpation about the lumbar paravertebral musculature, and there were positive straight leg raising tests bilaterally as well as restricted range of motion secondary to pain. A clinic note dated 7/9/2013 indicates the employee utilizes Norco 5/325, Naproxen 5/50, and Omeprazole for pain. A request was submitted for an ergonomic chair.

The ACOEM Guidelines state driving, workstation positions, repetitive motions, and other activities may require modification. The clinical records submitted lack documentation indicating why poor ergonomics are suspected as contributing to the employee's pain. Also, there was no ergonomic evaluation submitted to support the request. Overall, there is little evidence to support the effectiveness of ergonomics or modification of risk factors in prevention of low back pain. The request for an ergonomic chair 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.