
Notice of Independent Medical Review Determination

Dated: 10/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	8/30/2012
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002245

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar epidural steroid injection **is 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 7/16/2013. 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 lumbar epidural steroid injection **is 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 16, 2013:

“According to the medical records, the patient is a 53 year-old male [REDACTED] employee who sustained an industrial injury on August 30, 2012. The patient is status post lumbar decompression. In addition, the patient is status post three neck surgeries and a right shoulder surgery. The patient had undergone a lumbar epidural steroid injection in 1997, which paralyze him. The current request is from Dr. [REDACTED]. An MRI of the lumbar spine completed on September 5, 2012 revealed the following impression: Multilevel spondylosis most significant at L4-L5 level as described above. The findings at L4-L5 reported severe central canal stenosis and moderate bilateral neural foramina narrowing. On December 6, 2012 Dr. [REDACTED] performed an approved in-office UDS. An initial physical therapy evaluation completed on February 21, 2013 noted that the patient is a surgical candidate for fusion due to L4-5 instability, which made it worse. He has tried physical therapy, which was unsuccessful. The physical therapist noted that he has instability. The patient is getting much worse and feels that his pain is debilitating him. He complains of significant low back pain radiating into the legs. His symptoms have been progressing. He is unable to walk and perform any activities. Physical examination revealed normal reflexes, sensation, except for decreased sensation to the right L5 nerve root, and normal muscle strength, except for decreased 4-/5 strength to the right L5 nerve root. In addition, exam findings revealed positive straight leg raise on the right side, 80% loss of range of motion and a well healed lumbar incision. The patient’s x-ray and MRI findings were reviewed. The patient was diagnosed degenerative disc disease with disc herniation and spinal stenosis at L4-5 instability. The patient had failed non-operative care and continues to demonstrate neurological deficits along the L5 nerve root. As such, the patient is recommended to undergo a revision anterior lumbar decompression and fusion at L4-5 with interbody cage, allograft bone and anterior lumbar plating. A prior peer review completed on

March 6, 2013 non-certified the request for revision anterior lumbar decompression and fusion at L4-5 with interbody cage, allograft bone and anterior lumbar plating based on the following rationale, "The medical records failed to demonstrate positive objective evidence of instability to the lumbar spine that would warrant fusion, such as positive findings of instability on flexion and extension x-ray views. Prior to requesting fusion, it would be appropriate to determine that the patient is unstable with flexion/extension x-rays. The x-ray report of the lumbar spine completed on March 7, 2013 revealed the following impression: Mild degenerative disc space narrowing L4-5, L5-S1. No evidence of motion on flexion or extension views. A peer review was conducted on March 11, 2013 and the requested revision anterior lumbar decompression and fusion at L4-5 was certified. According to the reviewer, during the peer-to-peer discussion with Dr. [REDACTED], it was related that the patient had demonstrated instability at L4-5 during surgery. Given that instability was demonstrated, per the peer-to-peer discussion, the requested fusion at L4-5 was substantiated. The patient underwent a lumbar surgery on March 12, 2013 with partial corpectomy at L4 and L5 and anterior lumbar interbody fusion at L4-5 with a cage and allograft bone. The decompression at L4-5 was revised and anterior plating used."

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/16/2013)
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a lumbar epidural steroid injection:

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 (2009), Epidural Steroid Injection section, which is a part of the California 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 sustained a work-related injury on 8/30/2012 to the neck, back and right shoulder. The medical records indicate the diagnoses of degenerative disc disease with disc herniation and spinal stenosis at L4-L5 instability. Treatments have included multiple surgical interventions, prior epidural steroid injection, physical therapy, TENS, heat/cold therapy, and medication management. The request is for a lumbar epidural steroid injection.

The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. In this case, the clinical notes submitted for review indicate the employee has radicular symptoms in L4-5 dermatomal

distribution. An MRI dated 6/14/2013 shows corroborating nerve root problems including central and foraminal stenosis. The employee has radicular symptoms. The request for a lumbar epidural steroid injection **is 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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/hs

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