
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
6/6/2013

10/24/2011

7/22/2013

CM13-0002461

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 lumbar epidural steroid injection under fluoroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of omeprazole 20mg #60 **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 6/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 1 lumbar epidural steroid injection under fluoroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of omeprazole 20mg #60 **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 Medicine, 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 June 6, 2013:

“The patient is a 48 year old male with a date of injury of 10/24/2011. Under consideration for review is an appeal to review 1038935 requesting for an epidural steroid injection and a prescription of omeprazole which was non-certified on 5/21/13 by Dr. [REDACTED].”

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 Claims Administrator
- Employee medical records from Applicants Attorney
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 lumbar epidural steroid injection under fluoroscopy :

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), (no section or page cited), part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESIs), page 46, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury on 10/24/2011. The medical records submitted and reviewed the employee has a history of low back and leg pain. The records indicate treatments have included two epidural injections and medication management. The request is for 1 lumbar epidural steroid injection (ESI) under fluoroscopy.

CA MTUS Chronic Pain guidelines indicate that repeat ESI blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for a period of 6 to 8 weeks. Furthermore, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records for review do not document a physical examination corroborated by imaging studies and/or electrodiagnostic testing which corroborates the necessity for epidural steroid injections. The records indicate that the patient has had 100% resolution of leg pain, but there was no evidence in the records of the length of time for which the patient has received benefit from the previous injection and there is no evidence of objective functional improvement. The request for 1 lumbar epidural steroid injection (ESI) under fluoroscopy **is not medically necessary and appropriate**

2) Regarding the request for 1 prescription of omeprazole 20mg #60 :

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), (no section or page cited), part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, GI systems & cardiovascular risk, page 68, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury on 10/24/2011. The medical records submitted and reviewed the employee has a history of low back and leg pain. The records indicate treatments have included two epidural injections and medication management. The request is for omeprazole 20mg #60.

CA MTUS Chronic Pain guidelines indicate proton pump inhibitors (PPI), such as omeprazole, may be indicated for patients at risk for gastrointestinal (GI) events and no cardiovascular disease. Medical records submitted and reviewed do not document current GI symptoms or risk of GI events corroborating the necessity for this medication. The request for omeprazole 20mg #60 **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

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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.