

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	1/1/2010
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002494

- 1) MAXIMUS Federal Services, Inc. has determined the request for 2 bilateral L4-5 and L5-S1 transforaminal epidural steroid injections **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 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 2 bilateral L4-5 and L5-S1 transforaminal epidural steroid injections **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 9, 2013:

“Patient is a 51 year old female with a 1/01/10 date of injury (3 +years.) Diagnosis is lumbar strain, lumbar disc disease, lumbar radiculopathy, lumbar facet disease. Current request is for Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection x 2. The 6/05/13 report noted the patient claimed cumulative trauma injury to her lower back. She has low back pain 7/10 which radiates to her legs right> left with numbness of the legs. Examination noted tenderness and facet tenderness. There was positive Kemp test and positive SLR bilaterally. There is decreased sensation to the L4 and LS dermatomes bilaterally. Big toe extension and knee extension is decreased bilaterally. Treatment plan is ESI as the patient has failed conservative treatment (manipulation, PT, medications.) No diagnostic study was provided.”

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 7/09/2013)
- Medical Records from the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for 2 bilateral L4-5 and L5-S1 transforaminal epidural steroid injections:

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 Injections section, page 46, 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 injured the lower back on 1/1 2010. Diagnoses include lumbar strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet disease. Treatments have included manipulation, physical therapy and medications. The request is for bilateral L4-5 and L5-S1 transforaminal epidural steroid injection times two

The MTUS Chronic Pain Medical Treatment Guidelines indicate that the employee must have first experienced failure with conservative care. The medical records provided for review indicate a failure of conservative care including manipulation, physical therapy, and medications. The request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injection times two 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

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.