
Notice of Independent Medical Review Determination

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	6/9/2008
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002816

- 1) MAXIMUS Federal Services, Inc. has determined the request for an outpatient lumbar epidural steroid injection to unspecified levels **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 outpatient lumbar epidural steroid injection to unspecified levels **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 Occupational 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 July 10, 2013

“It is the opinion of the reviewing physician that, “The patient is a 46-year-old female. The date of injury was June 9, 2008. The mechanism of injury occurred when she tripped on an uneven surface in a parking lot. The accepted injury is to the right knee and lumbar spine. The current diagnosis is: Lower extremity radiculopathy. Treatment has included: Physical therapy; 9/29/10 right knee arthroscopy with lateral release and debridement; diagnostics; epidural 2011. In the most recent report file, dated July 2, 2013, Dr. [REDACTED] notes: Subject: Patient complains of low back pain that radiates down to the right lower extremity to the distal calf. Objective: Patient has limited range of motion of the lumbar spine.”

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 7/24/13)
- Utilization Review Determination (dated 7/10/13)
- Medical Records from [REDACTED], MD, QME (12/11/12-7/2/13)
- Records Review for Workers' Compensation Appeals Board from [REDACTED] (dated 4/26/13)

1) Regarding the request for an outpatient lumbar epidural steroid injection to unspecified levels:

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 Injections, part of the 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 applicable and relevant to the issues at dispute.

Rationale for the Decision:

On 6/9/2008 the employee sustained an injury to the low back and right knee. Treatment has included; analgesic, psychotropic and adjuvant medications, right knee arthroscopy, epidural steroid and corticosteroid injections, topical agents, a cane and an electrodiagnostic test. A report dated 7/2/13 states the employee complains of persistent low back pain. A request was submitted for an outpatient epidural steroid injection to unspecified levels.

MTUS Chronic Pain Treatment Guidelines indicate epidural steroid injections are indicated in the treatment of clinically evident, radiographically confirmed radiculopathy. A progress note dated 4/30/2013 documents that the employee underwent an electrodiagnostic test, which was negative for radiculopathy. The results of a prior lumbar MRI imaging are unknown. There is no corroboration in the medical records reviewed for radicular complaints by imaging studies and/or electrodiagnostic testing. The request for an outpatient epidural steroid injection to unspecified levels **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
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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.