
Notice of Independent Medical Review Determination

Dated: 10/8/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	3/26/1999
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002933

- 1) MAXIMUS Federal Services, Inc. has determined the request for a right lumbar epidural steroid injection at L3-4 **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 a right lumbar epidural steroid injection at L3-4 **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 Preventative Medicine and 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:.

The claimant is a male, who sustained a remote industrial injury on 03/26/99. He has been under the care of [REDACTED] for lumbago, sciatica, and shoulder joint pain. The most recent evaluation provided for review is dated 06/18/13. The claimant presented with complaints of being very upset that he cannot get the insurance company to pay for his medications. It was noted that he is a 72-year-old man and it is not reasonable to assume his functional capacity will improve to the point where he can return to work. It is noted patient is status post global fusion at L4-L5 and L5-S1 in June, 2007. Physical examination revealed slow antalgic gait with the right cane, externally rotated foot in walking, able to toe stand briefly, unable to heel stand, unsteady in balance. There is tenderness at the lower back more on the right, reduced active range of motion with forward flexion at 60 degrees, pain more on extension to less than five degrees. Right leg motor strength was 4/5, left leg 5/5. Sensation was intact and deep tendon reflexes were unobtainable. It was recommended he undergo another right lumbar epidural steroid injection at L3-L4 as it give him so much relief.

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 from [REDACTED] (dated 7/10/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a right lumbar epidural steroid injection at L3-4:

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, page 46, which is 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 was injured on 3/26/1999 and has experienced chronic low back pain. Progress notes dated 6/18/2013 document that the employee is on Nucynta, Valium, Voltaren, Opana, MiraLax, Ambien, Colace, Percocet, and Cymbalta. Medical records submitted for review indicate the employee exhibits a slow, unsteady gait with a right cane and note the right lower extremity symptom score is 4/5. Records also show the employee has had previous injections. A request was submitted for a right lumbar epidural steroid injection at L3-4.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that functional improvement should be evident if repeat epidural steroid injections are considered. The records submitted and reviewed do not include evidence of functional improvement with prior epidural steroid injections. The employee has failed to return to work, failed to exhibit any evidence of improved performance of activities of daily living, and failed to exhibit any reduction in dependence on medical treatment. The employee continues to use a cane, exhibits diminished lower extremity strength, and is currently taking many analgesics, adjuvant medications, and psychotropic medications. The request for a right lumbar epidural steroid injection at L3-4 **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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/sab

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.