

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	2/4/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003004

- 1) **MAXIMUS Federal Services, Inc. has determined the request for transforaminal epidural injection bilateral L4-L5 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 transforaminal epidural injection bilateral L4-L5 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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.

### Expert Reviewer Case Summary:

This is a 47 YO, 5'2", ~155 lbs, F with a 2/4/2011 industrial injury that occurred while working for [REDACTED]. On 2/4/11 pt was carrying trays down a ladder and missed the last step, she landed on her feet but bounced back from the wall. Her pain increased and she reported it on 2/16/11 which was the last day she worked. According to the 12/6/12 AME report by [REDACTED], MD, she had aquatic therapy, land therapy, acupuncture, chiropractic and shockwave therapy, and the most effective was the aquatic therapy. There was one lumbar ESI that had no benefit, and made her worse for a short time. He did note right L3 hypesthesia, he did not review the recent MRI, but did see the 6/7/11 MRI and did state an ESI was appropriate. Dr [REDACTED], reviewed the 3/9/11 Doctors First Report, from [REDACTED], DO, and it was mentioned that SLR was to 90 degrees seated, but only to 10 degs in the supine position.

6/11/13 [REDACTED], MD, states the patient had an ESI a year ago but is unsure of the outcome. Currently low back pain is aching stabbing and moves into the left greater than right leg into the calf. Numbness and spasms in BLE. Pain is 5/10 right SLR positive, paresthesia in the right L4-L5 distribution

6/7/13 [REDACTED], MD notes she had approval for pain management per Dr [REDACTED] to begin a series of ESI. She has the appointment with Dr [REDACTED] for a series of three ESI. Lumbar reduced ROM, decreased bilateral L5 dermatome sensation, there is antalgic slow-stepped gait. Pain on heel/toe walk. Positive sciatic stretch. Left hip tenderness lateral trochanter

4/30/13 EMG/NCV, BLE, [REDACTED], MD, normal study.

10/24/12 MRI, lumbar spine, L3-4: No abnormality seen. L4-5: 2-mm posterior disc protrusion is noted. Focal high-signal intensity is seen posteriorly on the left side

represents annular tear. Mild degenerative facet changes are noted. Fluid is seen in the facet joints. There is no foraminal or spinal canal stenosis. L5-S1: there is 1-mm posterior disc protrusion without compromise to the foramina and spinal canal. The facet joints appear unremarkable.

12/6/12 Pain Drawing by [REDACTED], shows midline posterior lumbar pain and lateral left thigh above the knee. The anterior view shows pain along the right inguinal ligament and medial thigh and medial knee, medial knee, to mid calf. Does not appear to be in any dermatomal pattern.

#### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for transforaminal epidural injection bilateral L4-L5:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46, which is part of the MTUS.

##### Rationale for the Decision:

I am provided with 158 pages of records, but they do not detail the prior ESI, other than stating it made the employee worse temporarily, and was of no benefit. If the prior ESI was a TFESI at L4/5, then obviously, repeating the procedure at the same level that failed in the past, is not necessary. Dr [REDACTED], the AME on the 12/6/12 report noted failure of the prior ESI, but felt another ESI is appropriate. However, for IMR, Medical Necessity has been defined under LC4610.5(2) basically as treatment in accordance with MTUS Chronic Pain Guidelines. The AME report shows that he did not consider the most recent MRI, but used the 6/7/11 MRI which apparently did show foraminal narrowing at L4/5 bilaterally. The AME's exam finding was right L3 hypesthesia, which does not correlate with the 6/7/11 MRI. The employee's symptoms and exam findings appear to change with time, even within the 4 days between the 6/7/13 evaluation with Dr [REDACTED] and the 6/11/13 evaluation with Dr [REDACTED]. The employee's symptoms are now apparently more left-sided, but the exam still shows right-sided findings.

Taking all exam findings into account, there has been reports of paresthesia in the right L3, L4, and L5 distributions. None of these seem to match the

employee's 12/6/12 pain drawing. For medical necessity of an ESI, MTUS Chronic Pain Guidelines indicates radiculopathy must be documented by exam and corroborated with imaging or electrodiagnostic studies. The most recent MRI does not show right or left foraminal narrowing or nerve root involvement at any of the levels that would correlate with the exam findings. The 4/30/13 EMG/NCV of the bilateral lower extremities (BLE) was read as normal and did not correlate with any of the reported exam findings. Dr. [REDACTED] mentioned the request for a 'series of three' ESIs, but MTUS states this is not recommended. The employee had recommendations for an ESI by the AME, but this is clearly not in accordance with MTUS guidelines. **The request for a transforaminal epidural injection bilateral L4-L5 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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