

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/11/2013    |
| Date of Injury:           | 11/3/2008    |
| IMR Application Received: | 7/24/2013    |
| MAXIMUS Case Number:      | CM13-0003060 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 MRI of the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **oxycodone 30 mg, #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 left lumbar injection of celestone 1cc and Marcaine 4cc 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 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 MRI of the lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **oxycodone 30 mg, #90 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 left lumbar injection of celestone 1cc and Marcaine 4cc 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 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.

### **CLINICAL SUMMARY:**

The patient is a 26-year-old female with a date of injury of 11/3/2008. Under consideration is a prospective request for 1 Lumbar (L) epidural steroid injection at L4-5 and LS-SI, 1 MRI of the Lumbar spine, 1 prescription of Oxycodone 30mg #90, and 1 left Lumbar injection of Celestone 1cc and Marcaine 4cc.

### **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 1 MRI of the lumbar spine :**

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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 12 (Low Back Complaints) (2004) (page 303), which is part of the MTUS, and ACOEM Guidelines, Chapter 12, (2007) (page 53), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, page 303, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, MRI, which is not part of the MTUS.

Rationale for the Decision:

Progress reports dated 11/20/12, 12/11/12, and 5/7/13 all have the same cut/pasted statement on the treatment plan, which states: "We will follow-up on the lumbar epidural steroid injections, as well as MRI." The MRI was already performed on 12/17/12 and did show disc protrusion encroaching on the bilateral L4 and L5 roots. UR approved the Lumbar Epidural Steroid Injection (LESI) from the 5/7/13 report. There is a 7/2/13 request for lumbar MRI and lumbar LESI. There was no reporting of new trauma or progressive neurological deficits or any rationale for repeating the MRI, since the 12/17/12 MRI was performed. The request for a repeat lumbar MRI is not in accordance with the guidelines. **The request for 1 MRI of the lumbar spine is not medically necessary and appropriate.**

**2) Regarding the request for oxycodone 30 mg, #90 :**

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, Oxycodone, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Opioids, pages 88-89, which are part of the MTUS.

Rationale for the Decision:

Progress reports dated 11/20/12, 12/11/12, and 5/7/13 all have the same cut/pasted statement on the Interim History "The patient continues with low back pain; medications help. [The employee] continues to have intractable pain across the low back that radiates down [the] left lower extremity." There is no discussion on how the medications help. There are no objective or subjective indications that the medication has decreased pain, improved function or improved quality of life. The records go back 6 months to 11/20/12. MTUS, for long-term users of Opioids, states "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument" Ongoing use of Opioids without reporting efficacy is not in accordance with MTUS guidelines. **The request for oxycodone 30 mg, #90 is not medically necessary and appropriate.**

**3) Regarding the request for 1 left lumbar injection of celestone 1cc and Marcaine 4cc :**

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 ACOEM Guidelines, Chapter 12, Low Back Complaints, page 300 and 309, which are part of the MTUS, and the Official Disability Guidelines, Lumbar & Thoracic, Corticosteroids, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) chapter 12 (page 300) which is part of MTUS.

Rationale for the Decision:

This request first appears on 5/7/13 after the physician reviews the lumbar MRI. There is no discussion on the rationale for the Celestone and Marcaine injections. The physician does not state whether this is the injectate for the LESI, or if the injections are for trigger point or facets. There is no documentation or exam findings suggestive of trigger points, Myofascial pain or facet syndrome. A general injection with cortisone/Marcaine is not in accordance with MTUS/ACOEM guidelines. **The request for 1 left lumbar injection of celestone 1cc and Marcaine 4cc 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

/cmol

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.