

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	3/22/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003621

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 transforaminal epidural steroid injection at right L5-S1 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 office follow-up visit with [REDACTED] **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 lumbar MRI **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550 mg **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 transforaminal epidural steroid injection at right L5-S1 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 office follow-up visit with [REDACTED] **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 lumbar MRI **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Naproxen Sodium 550 mg **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 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 1, 2013:

The patient is a 30 year-old male with a date of injury of 3/22/2011. The provider submitted a request for a transforaminal epidural steroid injection at right L5-S1, an office follow-up visit with Dr. [REDACTED] a lumbar MRI, and a prescription of Naproxen Sodium 550mg.

### 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 07/25/2013)
- Utilization Review Determination from (dated 07/01/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 1 transforaminal epidural steroid injection at right L5-S1 :**

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, (2009), Epidural Steroid Injections, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the MTUS Chronic Pain Medical Treatment Guidelines, (2009), page 46, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/22/2011. The employee complains of back pain with diagnosis of back strain with secondary radiculopathy in right L5-S1 distribution as seen on EMG/NCV, and pain in the right hip, groin, and buttock. There is radiographic evidence of a small annular tear at L5-S1 on the right with foraminal stenosis. The employee was treated with epidural steroid injection (ESI) on 12/21/2012 with 50% reduction in pain for 2-3 weeks. On 4/17/2013, the employee's medications included Vicodin, Naproxen, Hydrocodone, Miralax, and Colace. On 5/18/2013, the employee underwent a transforaminal selective nerve root block with significant improvement in symptoms, followed by recurrence and worsening of symptoms. The provider has recommended a repeat MRI of the lumbar spine and CT of the lumbar spine to evaluate for calcified disc herniation and/or pars defect, as well as flexion/extension x-rays to evaluate stability. A request was submitted for 1 transforaminal epidural steroid injection at right L5-S1.

The Chronic Pain Medical Treatment Guidelines states in the diagnostic phase the injections should be at least 1-2 weeks apart. For the therapeutic phase, it states there should be 6-8 weeks of relief. The records submitted and reviewed suggest the 12/21/2012 selective nerve root block (SNRB) was diagnostic, as it did show 50% reduction in symptoms for 3 weeks. It was later discovered that during that timeframe, the employee also had a right hip disorder/pain generator that would cloud the results of the SNRB, as the results are based on subjective relief of symptoms. Therefore, it is reasonable to retry the SNRB since the employee is status post surgery for right hip repair on 5/8/2013 that may have obstructed the actual outcome from the prior injection. The report dated 5/28/13 documents the prior injection at right L5 SNRB as both diagnostic and therapeutic with good results. **The request for 1 transforaminal epidural steroid injection at right L5-S1 is medically necessary and appropriate.**

**2) Regarding the request for 1 office follow-up visit with [REDACTED] :**

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the (ACOEM

Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 7), pages 127 and 303, which are not part of the MTUS as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/22/2011. The employee complains of back pain with diagnosis of back strain with secondary radiculopathy in right L5-S1 distribution as seen on EMG/NCV, and pain in the right hip, groin, and buttock. There is radiographic evidence of a small annular tear at L5-S1 on the right with foraminal stenosis. The employee was treated with epidural steroid injection (ESI) on 12/21/2012 with 50% reduction in pain for 2-3 weeks. On 4/17/2013, the employee's medications included Vicodin, Naproxen, Hydrocodone, Miralax, and Colace. On 5/18/2013, the employee underwent a transforaminal selective nerve root block with significant improvement in symptoms, followed by recurrence and worsening of symptoms. The provider has recommended a repeat MRI of the lumbar spine and CT of the lumbar spine to evaluate for calcified disc herniation and/or pars defect, as well as flexion/extension x-rays to evaluate stability. A request was submitted for 1 office follow-up visit with Dr. [REDACTED].

The ACOEM state an "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The records submitted and reviewed indicate the employee had a follow-up with Dr. [REDACTED] on 12/21/2012 to discuss the ESI. The guidelines recommend follow-up appointments from 4 to 14 days, depending on if the patient is working or not. As that timeframe has elapsed, and the provider is a pain management specialist who may aid the employee's general practitioner, the consultation is consistent with the ACOEM guidelines. **The request for 1 office follow-up visit with Dr. [REDACTED] is medically necessary and appropriate.**

**3) Regarding the request for 1 lumbar MRI :**

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 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> 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. 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 3/22/2011. The employee complains of back pain with diagnosis of back strain with secondary radiculopathy in right L5-S1 distribution as seen on EMG/NCV, and pain in the right hip, groin, and buttock. There is radiographic evidence of a small annular tear at L5-S1 on the right with

foraminal stenosis. The employee was treated with epidural steroid injection (ESI) on 12/21/2012 with 50% reduction in pain for 2-3 weeks. On 4/17/2013, the employee's medications included Vicodin, Naproxen, Hydrocodone, Miralax, and Colace. On 5/18/2013, the employee underwent a transforaminal selective nerve root block with significant improvement in symptoms, followed by recurrence and worsening of symptoms. The provider has recommended a repeat MRI of the lumbar spine and CT of the lumbar spine to evaluate for calcified disc herniation and/or pars defect, as well as flexion/extension x-rays to evaluate stability. A request was submitted for 1 lumbar MRI.

The ODG state "Repeat MRI's are indicated only if there has been progression of neurologic deficit." The records submitted and reviewed indicate the employee experienced a recurrence and worsening of symptoms following transient relief from a SNRB, but these symptoms are not documented or described. In addition, there is no evidence of any progressive neurologic deficit. The employee previously underwent a lumbar MRI on 5/2/2012. Without evidence of progression of a neurologic deficit, the request is not in accordance with the ODG guidelines. **The request for 1 lumbar MRI is not medically necessary and appropriate.**

#### 4) Regarding the request for Naproxen Sodium 550 mg:

##### 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, (2009), Naproxen, which is part of the California MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, (2009), pages 22, 67-68, which are part of the MTUS.

##### Rationale for the Decision:

The employee was injured on 3/22/2011. The employee complains of back pain with diagnosis of back strain with secondary radiculopathy in right L5-S1 distribution as seen on EMG/NCV, and pain in the right hip, groin, and buttock. There is radiographic evidence of a small annular tear at L5-S1 on the right with foraminal stenosis. The employee was treated with epidural steroid injection (ESI) on 12/21/2012 with 50% reduction in pain for 2-3 weeks. On 4/17/2013, the employee's medications included Vicodin, Naproxen, Hydrocodone, Miralax, and Colace. On 5/18/2013, the employee underwent a transforaminal selective nerve root block with significant improvement in symptoms, followed by recurrence and worsening of symptoms. The provider has recommended a repeat MRI of the lumbar spine and CT of the lumbar spine to evaluate for calcified disc herniation and/or pars defect, as well as flexion/extension x-rays to evaluate stability. A request was submitted for Naproxen Sodium 550mg.

The Chronic Pain Medical Treatment Guidelines state "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. In addition, the guidelines note that "NSAIDs appear to be superior to acetaminophen, particularly for

patients with moderate to severe pain.” The records submitted and reviewed indicate the employee has chronic low back pain and recently underwent hip surgery. The employee is not reportedly taking excessively high doses, at 550mg twice per day, and the provider has been monitoring the employee’s blood pressure. **The request for Naproxen Sodium 550mg 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,

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

/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.