

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: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	10/30/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0003983

- 1) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection (ESI) bilaterally L3-4 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection (ESI) bilaterally L4-5 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection (ESI) bilaterally L5-S1 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #45 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 epidural steroid injection (ESI) bilaterally L3-4 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection (ESI) bilaterally L4-5 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for epidural steroid injection (ESI) bilaterally L5-S1 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #45 **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 Orthopaedic Surgery, 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 9, 2013:

CLINICAL SUMMARY: Ms. [REDACTED] is a 50 y/o (DOB: [REDACTED]) female. DOI: 10/30/2010 due to a slip and fall. [REDACTED] Accepted: Vertebrae (Neck), Lower Back Area. [REDACTED] DENIED: Upper Back Area, Upper Arms (Both), Hips (Both). She is P&S with restrictions

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, employee/employee, Provider)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for epidural steroid injection (ESI) bilaterally L3-4:

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), pg. 46, which is part of the California Medical Treatment Utilization Schedule (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 10/30/2010 due to a slip and fall and is experiencing pain throughout the whole body. The request is for epidural steroid injection (ESI) bilaterally L3-4.

Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative care consisting of exercise, physical methods, NSAIDs, and muscle relaxants, and recommend no more than 2 nerve root levels should be injected using the transforaminal blocks and no more than 1 level during interlaminar injection to be injected. As the requested epidural steroid injections were for 3 levels, the request for an epidural steroid injection at bilateral L3-4 does not meet guideline recommendations. **The request for epidural steroid injection (ESI) bilaterally L3-4 is not medically necessary and appropriate.**

2) Regarding the request for epidural steroid injection (ESI) bilaterally L4-5:

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), pg. 46, Epidural steroid injections (ESIs), which is part of the California Medical Treatment Utilization Schedule (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 10/30/2010 due to a slip and fall and is experiencing pain throughout the whole body. The request is for epidural steroid injection (ESI) bilaterally L4-5.

Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative care consisting of exercise, physical methods, NSAIDs, and muscle relaxants, and recommend no more than 2 nerve root levels should be injected using the transforaminal blocks and no more than 1 level for interlaminar injection to be injected. As the requested epidural steroid injections were for 3 levels, the request for an epidural steroid injection at bilateral L4-5 does not meet

guideline recommendations. **The request for epidural steroid injection (ESI) bilaterally L4-5 is not medically necessary and appropriate.**

3) Regarding the request for epidural steroid injection (ESI) bilaterally 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), pg. 46, Epidural steroid injections (ESIs), which is part of the California Medical Treatment Utilization Schedule (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 10/30/2010 due to a slip and fall and is experiencing pain throughout the whole body. The request is for epidural steroid injection (ESI) bilaterally L5-S1.

Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative care consisting of exercise, physical methods, NSAIDs, and muscle relaxants, and recommend no more than 2 nerve root levels should be injected using the transforaminal blocks and no more than 1 level for interlaminar injections to be injected. As the requested epidural steroid injections were for 3 levels, the request for an epidural steroid injection at bilateral L5-S1 does not meet guideline recommendations. **The request for epidural steroid injection (ESI) bilaterally L5-S1 is not medically necessary and appropriate.**

4) Regarding the request for Soma 350mg #45:

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), Carisoprodol (Soma), pg. 29, which is part of the California Medical Treatment Utilization Schedule (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 10/30/2010 due to a slip and fall and is experiencing pain throughout the whole body. The request is for Soma 350mg #45.

Chronic Pain Medical Treatment Guidelines state that Soma or carisoprodol is not recommended as the medication is not indicated for long term use. As the employee has been prescribed Soma since 04/2013 and appears to be using it on an ongoing basis, the requested Soma does not meet guideline recommendations. Soma requires weaning. **The request for Soma 350mg #45 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, 18th Floor
Oakland, CA 94612

/ldh

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.