

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED] s
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	9/30/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004153

- 1) MAXIMUS Federal Services, Inc. has determined the request for Right L4-5 transforaminal epidural steroid injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI lumbar **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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 Right L4-5 transforaminal epidural steroid injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI lumbar **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

“Now 49 year old woman with a DOI 9/30/2010 (age 47), a fall onto the right side of the body with reported neck, low back, right wrist and shoulder and right hand injuries. A lumbar MRI scan 10/21/2011 described a degenerative disc protrusion at L4-5 with mild foraminal narrowing without nerve root impingement. AME 5/16/2012 did not demonstrate any findings of a lumbar radiculopathy and the diagnosis was sprain/strain and diagnosed the claimant with a probable fibromyalgia.”

### **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 07/29/2013)
- Utilization Review Determination from [REDACTED] (dated 07/16/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request** Right L4-5 transforaminal epidural steroid injection:

Medical Treatment Guideline(s) 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), 2<sup>nd</sup> Edition, (2004), Low Back Disorder, which is part of the 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 9/30/10 and experiences neck, low back, right wrist, shoulder and right hand injuries. The medical records submitted for review indicate that the employee reports that the neck pain radiates to the right upper extremity to the left shoulder, hand and fingers. The record indicates that the employee's diagnoses include lumbar radiculopathy, lumbar facet arthropathy, cervical radiculitis, cervical radiculopathy, chronic pain and status post left knee surgery. The request was submitted for right L4-5 transforaminal epidural steroid injection.

The ACOEM Guidelines recommend an epidural steroid injection (ESI) as an option for treatment of radicular pain. The medical records submitted for review show that the employee has radicular symptoms with an MRI showing L4-5 disc protrusion. In addition, the record indicates that an examination shows evidence of clinical radiculopathy. Therefore, a lumbar epidural injection is supported by the Guidelines. **The request for right L4-5 transforaminal epidural steroid injection is medically necessary and appropriate.**

2) **Regarding the request for MRI lumbar :**

Medical Treatment Guideline(s) 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), 2<sup>nd</sup> Edition, (2004), Low Back Disorder, which is part of the 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 9/30/10 and experiences neck, low back, right wrist, shoulder and right hand injuries. The medical records submitted for review indicate that the employee reports that the neck pain radiates to the right upper extremity to the left shoulder, hand and fingers. The record indicates that the employee's diagnoses include lumbar radiculopathy, lumbar facet arthropathy,

cervical radiculitis, cervical radiculopathy, chronic pain and status post left knee surgery. The request was submitted for an MRI lumbar.

The ACOEM Guidelines states that “unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further, physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue.” The medical records reviewed indicate that the employee has already had a previous MRI showing L4-5 disc protrusion. Moreover, the record indicates that an examination shows L4-5 radiculopathy corresponding to the MRI findings. Thus, there are no new findings on clinical examination to warrant another MRI. Furthermore, this employee is not being evaluated for surgery and a repeat lumbar MRI is not supported by guidelines. **The request for an MRI lumbar is not medically necessary or 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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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.