

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: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	3/22/2011
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004187

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral facet blocks and epidural steroid injection (level/s and quantity not specified) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre operative labs: CBC, UA Hcg, PT/PTT/bleeding time is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **post operative physical therapy for nine sessions; three times a week for three weeks is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post operative DME - soft corset 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 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **bilateral facet blocks and epidural steroid injection (level/s and quantity not specified) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre operative labs: CBC, UA Hcg, PT/PTT/bleeding time is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **post operative physical therapy for nine sessions; three times a week for three weeks is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post operative DME - soft corset 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.

Expert Reviewer Case Summary:

This patient is a 46-year-old female who reported a work-related injury on 03/22/2011 as a result of a fall. MRI of the lumbar spine dated 03/08/2013, signed by Dr. ■■■, revealed (1) at the L4-5 level there was a 5 mm disc bulge with foraminal narrowing and facet hypertrophy. (2) At the L5-S1 level there was a 3 mm disc bulge and facet hypertrophy. (3) At L3-4 there was a 3 mm disc bulge with lateral recess narrowing and bilateral facet hypertrophy. (4) At L2-3 there is a 3 mm disc bulge and facet hypertrophy. (5) At L1-2 there was a 2 mm disc bulge. The clinical note dated 07/08/2013 reports the patient was seen for initial orthopedic evaluation under the care of Dr. ■■■. The provider documents the patient had a prior injury over the lumbar spine and had received multiple treatments for that injury, including epidural steroid injections. The patient reported she became pain-free. However, a subsequent injury sustained in 03/2011 brought about severe, excruciating pain to the patient's low back. The patient provider documents the patient reports pain from the lumbar spine radiates from the low back into the bilateral buttocks.

The provider reports the patient received physical therapy in the past, no recent injections, and utilizes anti-inflammatories, pain pills, as well as Ativan and muscle relaxants. The patient denies numbness and tingling symptomatology. Upon physical exam of the patient, the provider documents the patient is mildly obese, has a normal gait and is able to heel and toe walk. The provider documented the patient's flexion was very limited, extension was even more limited, eliciting pain. The patient has a negative straight leg raise bilaterally, 5/5 motor strength throughout her lower extremities, except some subtle weakness to her left EHL. The patient had normal reflexes and normal sensation bilaterally. The provider documented x-rays of the lumbar spine revealed bone on bone degenerative disc disease at the L4-5, as well as facet arthropathy. The provider subsequently recommended facet blocks, as well as epidural steroid injections for the patient's pain complaints.

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 bilateral facet blocks and epidural steroid injection (level/s and quantity not specified) :

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 (ESIs), which is a part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter, Epidural steroid injections (ESIs) therapeutic, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 12), pg. 300, which is a part of the MTUS and the Chronic Pain Medical Treatment Guidelines, pg. 46, which is a part of the MTUS.

Rationale for the Decision:

California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. After a review of the medical records provided, the employee's imaging of the lumbar spine did not reveal any nerve root involvement to support epidural steroid injection therapy. In addition, given the lack of recent utilization of active treatment modalities, the clinical notes evidence the employee last utilized physical therapy immediately status post a work-related injury in 2011, the current request is not supported. **The request for bilateral facet blocks and epidural steroid injection (level/s and quantity not specified) is not medically necessary and appropriate.**

2) Regarding the request for pre operative labs: CBC, UA Hcg, PT/PTT/bleeding time :

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

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3) Regarding the request for post operative physical therapy for nine sessions; three times a week for three weeks :

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

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4) Regarding the request for post operative DME - soft corset :

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

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

/pr

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.