

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	9/16/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004534

- 1) MAXIMUS Federal Services, Inc. has determined the request for therapeutic ESI L4-5, L5-S1 **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 7/12/2013. 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 therapeutic ESI L4-5, L5-S1 **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 Pain Management 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:**

On 08/10/2009, this employee presented to [REDACTED]. At that time, she complained of chronic musculoskeletal pain to her low back, legs and knees. This handwritten note indicates the lumbar spine was tender, and she had full range of motion of her spine and full range of motion of her shoulders. On 02/18/2013, 02/25/2013, 03/04/2013 and 03/11/2013, she was given trigger point injections for her low back complaints. On 04/01/2013, she was given trigger point injections for her low back. On 04/10/2013, she was seen in clinic. At that time, she complained of low back pain. She stated that she had been taking medications and reported low back pain rated at an 8/10. Examination of the spine revealed tenderness and decreased range of motion at both the cervical and lumbosacral spines. On 06/06/2013, she was seen in clinic for complaints of low back pain. Examination revealed a normal gait and pain and moderate tenderness to the cervical spine, lumbar spine and right knee and restriction in motion to the cervical spine, lumbar spine and right knee. No focal neurological deficits on that exam were noted. On 06/10/2013, she was taken and given a lumbar epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks. On 06/19/2013, she returned to clinic and rated her low back pain at a 6/10. She stated that the procedure helped to reduce her leg pain by 1/4. The pain was rated preinjection at an 8/10 and postinjection at a 6/10. Upon examination, straight leg raise was noted for pain along the sciatic distribution. Reflexes were normal bilaterally at the knees and ankles. She had no loss of sensibility, abnormal sensation or pain to the hips or anterior thighs on the right, corresponding to an L2 dermatome and no loss of sensibility, abnormal sensation or pain to the lower hip or medial thigh, corresponding to L3. She reported sensory deficit at the anterior level of her thigh going down to the middorsal foot on the right. On 07/08/2013, she was taken back and received a percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks. On 07/17/2013, she was seen in clinic. At that time, she complained of neck pain and back pain, and pain was rated at 5/10 to her low back. On examination of her lumbar spine, she had motor deficits of the hip flexors on the right at L2, and motor deficit of the plantar flexion on the right in an S1 myotome fashion was noted.

### **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 therapeutic ESI L4-5, 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 American College of Occupational and Environmental Guidelines (ACOEM), Complaint Section not cited, page not cited, part of the MTUS, and the Official Disability Guidelines (ODG), Current Version, Low Back Section, ESI, not part of the MTUS. The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), page 301, part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, epidural steroid injections, page 46, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines indicate that a steroid injection may be provided in the therapeutic phase, but there should be documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The records do not describe 50% pain relief with an associated reduction in medication for 6 to 8 weeks as recommended by guidelines. The rationale for proceeding with this request at this time has not been demonstrated by the records. The request for ESI at L4-5, L5- S1 **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,

Richard C. Weiss, MD, MPH, MMM, PMP  
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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