

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	11/26/2006
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005244

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **pain management consultation for possible lumbar epidural steroid blocks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 a **pain management consultation for possible lumbar epidural steroid blocks 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 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.

Expert Reviewer Case Summary:

The patient is a 42-year-old male who reported an injury on 11/26/2006. The clinical note dated 07/30/2012 revealed the patient had lumbar spine tenderness to palpation over the paravertebral musculature and lumbosacral junction. The patient had a straight leg raise test that elicited increased low back pain. Range of motion was restricted due to pain. The patient's diagnoses included left leg reflex sympathetic dystrophy, status post left ankle surgery from 07/2007, lumbar musculoligamentous sprain/strain, and right sacroiliac joint sprain/strain secondary to altered gait. The clinical note dated 09/13/2012 stated the patient was limited in weightbearing due to hypersensitivity to light palpation of the lower leg, ankle, and foot. The clinical note dated 10/10/2012 indicated the patient was seen to be fitted for orthotics into the shoes. MRI dated 05/11/2013 revealed there was a small posterior disc bulge at the L3-4 level causing mild left neural foraminal stenosis. Per the clinical note dated 07/09/2013, the patient requested treatment for continued symptoms through his private insurance and family doctor. It was recommended the patient see a spine surgeon. This resulted in the recommendation of a lumbar epidural steroid injection. Physical findings included difficulty with weightbearing due to pain in the left lower extremity, tenderness to palpation over the lumbar paraspinal musculature and lumbosacral junction, as well as the bilateral sacroiliac joints and sciatic notches. The patient had a positive straight leg raise test on the left producing increased lower back pain radiating into the left lower extremity and positive for low back pain on the right. Physical findings of the left lower leg and ankle revealed moderate swelling throughout the entire ankle and lower extremity, coolness to touch throughout the entire extremity, and decreased sensation to the left lower extremity.

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 a pain management consultation for possible lumbar epidural steroid blocks:

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, pg 46, Epidural Steroid Injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 46, Epidural Steroid Injections, which is part of the MTUS.

Rationale for the Decision:

This request was previously reviewed and it was determined the employee did not meet evidence-based guidelines for an epidural steroid injection. Chronic Pain Medical Treatment Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and be unresponsive to conservative treatments. The clinical documentation submitted for review did provide evidence of lower leg hypoesthesia, 4/5 weakness, and a straight leg raise test that caused left-sided low back pain radiating into the left foot. However, MRI study revealed only a small disc bulge at the L3-4 with mild left neural foraminal stenosis and no evidence of thecal sac or nerve root involvement. There was no significant neural foraminal stenosis revealed by the imaging study findings. Additionally, the employee does have a diagnosis of sympathetic dystrophy/complex regional pain syndrome that would support findings of sensation disturbances and temperature changes of the lower extremity. As the employee's lower extremity symptoms may be related to another diagnosis and not associated with the employee's low back pain, an epidural steroid injection would not be supported. **The request for a pain management consultation for possible lumbar epidural steroid blocks 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

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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.