

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	6/25/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005299

- 1) MAXIMUS Federal Services, Inc. has determined the request for repeat TFESI bilateral L4-5 and L5-S1 with epidural myelography under fluoroscopic guidance and conscious sedation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM **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 7/9/2013. 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 repeat TFESI bilateral L4-5 and L5-S1 with epidural myelography under fluoroscopic guidance and conscious sedation **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Flexeril 7.5mg **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM **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:

The patient is a 59-year-old male that reported an injury on 06/25/2012. The patient is a fireman that lifted a heavy patient from the floor and felt a sudden pain at his umbilicus and later noted bulging. The patient was diagnosed with a 3 cm reducible hernia over the superior portion of the umbilicus. On 11/01/2012, the patient underwent an umbilical herniorrhaphy. The patient began to complain of low back pain that radiates to the left buttock. Unofficial report of an MRI of the lumbar spine without contrast dated 02/28/2013 reported: (1) moderate to large sized right neural foraminal paracentral disc herniation and osteophyte complex at L4-5 with neural foraminal narrowing and narrowing of the lateral recess on the right. This has progressed significantly since the previous study; moderate central spinal canal narrowing at this level. (2) Moderate sized left neural foraminal paracentral disc herniation and protrusion at L5-S1 with neural foraminal narrowing and narrowing of the lateral recess on the left; progression since the previous study. (3) Degenerative type mild to moderate central spinal canal narrowing at multiple levels. (4) Disc desiccation at multiple levels. The clinical note dated 03/27/2013 states the patient is status post bilateral TFESI, L4-5 and L5-S1 on 01/30/2013 and states he experienced 50% relief of back pain. The note reports the patient states he has had significant improvement in his left leg pain but he continues with symptoms of intermittent radiculopathy. The note reports a positive Fabere's test on the right side, negative straight leg raise bilaterally, Lasegue's test positive on the left, and decreased sensation bilaterally at L4-5. The note also states deep tendon reflexes bilateral absent knee jerks and trace bilateral ankle jerks, decreased dorsiflexion

bilaterally, moderate muscle spasms bilateral lumbar spine, paramedian, and thoracolumbar junction. The clinical note dated 05/21/2013 states that he has "wonderful pain relief" status post the right sacroiliac joint injection. The patient continues to complain of 2/10 pain and feels that his back is unstable. The note reported deep tendon reflexes bilaterally absent at the knee and ankle, mildly decreased sensation in the L4 and L5 dermatome of the right leg, lumbar flexion 60 degrees with feeling of instability, and lumbar extension 20 degrees without pain. A repeat TFESI of bilateral L4-5 and L5-S1 and Flexeril and Sentra were requested previously and denied via the peer review report of 07/09/2013.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for repeat TFESI bilateral L4-5 and L5-S1 with epidural myelography under fluoroscopic guidance and conscious sedation:

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 MTUS Chronic Pain Medical Treatment Guidelines regarding epidural steroid injections (ESIs), page 46, which is part of MTUS.

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

Rationale for the Decision:

California MTUS Guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement. The clinical note dated 03/27/2013 states the employee is approximately 2 months status post the epidural steroid injection of 01/30/2013. The note reported significant improvement in left leg pain; however, the employee still experiences radiculopathy in the left leg. The note also reported objective findings that suggest radiculopathy as manifested by a positive Lasegue's test of the left lower extremity, decreased sensation bilaterally at L4-5, and decreased reflex in tendons to the knee and ankle. Furthermore, the guidelines state that the patient must experience at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical information submitted for review states the employee reported 50% relief in pain; however, the employee's Gabapentin dosage has remained the same. Furthermore, new medications of Celebrex, Flexeril, and Sentra PM have been added to the medication regimen. Therefore, the submitted documentation does not suggest significant decrease of radicular pain nor functional improvement. **The request for repeat TFESI bilateral L4-5 and L5-S1 with epidural myelography under fluoroscopic guidance and conscious sedation is not medically necessary and appropriate.**

2) Regarding the request for Flexeril 7.5mg:

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 California MTUS Chronic Pain Medical Treatment Guidelines (2009), which are part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 64, which is part of MTUS.

Rationale for the Decision:

California MTUS recommends Flexeril as a short course of therapy. Flexeril is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Flexeril is associated with the number needed to treat of 3 at 2 weeks for symptom improvement, with the greatest effect appearing to be in the first 4 days of treatment. The submitted documents reveal that the employee has been prescribed this medication for longer than the recommended duration. In addition, the clinical information submitted for review does not provide evidence of functional improvement with the use of Flexeril. **The request for Flexeril 7.5mg is not medically necessary and appropriate.**

3) Regarding the request for Sentra PM:

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 ODG, Pain Chapter, medical food section, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Sentra PM & Medical Foods.

Rationale for the Decision:

The Official Disability Guidelines recognize Sentra PM as a medical food which is a food formulated to be consumed or administered enterally under the supervision of a physician, which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The clinical information submitted for review does not provide evidence of a dietary deficiency in the above compounds that would support the medical necessity of a dietary supplementation. Furthermore, there is no documented evidence of functional improvement with prior use of the medication. **The request for Sentra PM 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.