

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	5/9/2008
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006101

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral L4-L5, L5-S1 transforaminal epidural steroid injections, QTY: 4 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 L4-L5, L5-S1 transforaminal epidural steroid injections, QTY: 4 **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 50 Y, M with a date of injury of 5/9/08. The patient has diagnoses of low back pain; lumbar radiculopathy; lumbar disc displacement and degeneration; sciatica; and post lumbar spine surgery syndrome. It was noted in the medical record report dated 2/15/13 by [REDACTED] MD that the patient had tried and failed non-steroidal anti-inflammatory drugs (NSAIDs), opioid medications, home exercise program, physical therapy, and chiropractic care postoperatively. The patient underwent lumbar discectomy on 3/15/12. Lumbar MRI dated 2/7/13 showed evidence of interval lumbar spinal surgery at L5-S1 on the left. Residual or recurrent disc protrusion at L5-S1 was similar to appearance to 2/14/11, and again impinges the traversing left S1 nerve root in the narrowed lateral recess, as well as the exiting left L5 nerve root in the neural foramen. It was noted in the medical record report dated 6/18/13 by [REDACTED] MD that the patient had transforaminal epidural steroid injection (TFESI) at L4-5, L5-S1 on 3/7/13. It was noted in the medical record report dated 7/9/13 by [REDACTED] MD that the patient had reported 90% pain relief and functional improvement for 3 months. The patient reported that he was able to perform household as well as work related duties with considerably greater ease, but had returned to his pre injection status. The patient was recommended for a repeat TFESI targeting the bilateral L4-5, L5-S1 levels for management of low back and bilateral lower extremity pain.

### 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 [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for bilateral L4-L5, L5-S1 transforaminal epidural steroid injections, QTY: 4:**

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, pg. 46, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, pg. 46-47, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee has diagnoses of low back pain; lumbar radiculopathy; lumbar disc displacement and degeneration; sciatica; and post lumbar spine surgery syndrome. Lumbar MRI dated 2/7/13 showed evidence of interval lumbar spinal surgery at L5-S1 on the left. Residual or recurrent disc protrusion at L5-S1 was similar to appearance to 2/14/11, and again impinges the traversing left S1 nerve root in the narrowed lateral recess, as well as the exiting left L5 nerve root in the neural foramen. The employee had reported 90% pain relief and functional improvement for 3 months following the last transforaminal epidural steroid injection (TFESI). The progress report dated 2/15/13 noted that the employee had good results with epidural injections preoperatively, which was over a year prior to the most recent injections. The employee was recommended for a repeat TFESI targeting the bilateral L4-5, L5-S1 levels for management of low back and bilateral lower extremity pain which is not supported by the Chronic Pain Medical Treatment Guidelines. **The request for bilateral L4-L5, L5-S1 transforaminal epidural steroid injections, QTY: 4 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.