

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: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	11/22/2008
IMR Application Received:	8/2/2012
MAXIMUS Case Number:	CM13-0006178

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient lumbar epidural steroid injection (LESI) L4-5 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 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 **outpatient lumbar epidural steroid injection (LESI) L4-5 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 only available record for review was the appeal letter by Dr. Shin dated 08/20/2013:

"We first evaluated the patient on 4/19/10. She still had 8/10 lower back pain that she related to a 11/22/08 industrial heavy-lifting injury. The patient was injured while working for [REDACTED] as a custodian. After cleaning the restrooms, the patient went to empty a bucket of dirty water prior to leaving for her lunch break. The patient attempted to lift the bucket of dirty water and felt immediate low back pain. The patient screamed due to pain and suddenly dropped the bucket. The foreman and manager came to help the patient. The patient thought the pain would subside, and continued to attempt to work; however, the pain continued to persist the following day, and the patient went to see a chiropractor. She had a few months of chiropractic care and was sent to Dr [REDACTED] for a lumbar ESI. She felt the ESI helped a little bit. She was referred to us for chronic pain management."

Dr [REDACTED] notes the patient had a epidural steroid injection in the past and the patient felt it helped a little bit. She has pain in her low back with radiating symptoms on both lower extremities worse on the left side. She rates pain 8/10. With medications the pain goes down to about 6/10 but she is still struggling. She had diminished range of motion of the lumbar spine. Straight leg raise test is positive, more so on the left side than the right side. MRI in December 2008 showed severe spinal stenosis at L4-L5 due to anterolisthesis and facet arthropathics, mild central stenosis at L3-L4.

07124/13 OV notes Dr. [REDACTED]: EE reports ongoing persistent low back pain, not doing very well. EE states she has radiating symptoms into both lower extremities, worse on the left, VAS 8/10, with meds it goes down to a

6110. remains on mod duty. Current RX list includes: ibuprofen 600mg, prilosec 20mg, ambien 5mg, TENS unit, nsaid drops PRN. PE: diminished range of motion for the lumbar spine, SLR is positive, more so on the left than right, she has fairly good strength in the lower extremities.

EMG/NCS showed no evidence of radiculopathy.

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 outpatient lumbar epidural steroid injection (LESI) L4-5:

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 and ODG Guidelines.

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

Rationale for the Decision:

The employee had a previous epidural injection with only “a little bit” of improvement without any documentation of functional improvement. Clinically, the employee has no evidence of radiculopathy as provided by the treating physician. Positive SLR in itself does not establish radiculopathy as the employee has normal motor strength. There is no documentation of reflexes and sensory exam. **The request for Outpatient lumbar epidural steroid injection (LESI) L4-5 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.