MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/27/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/26/2013
Date of Injury:	7/16/1996
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006825

1) MAXIMUS Federal Services, Inc. has determined the request for **bilateral L5-S1 transforaminal epidural steroid injections is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **epidurography is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 L5-S1 transforaminal epidural steroid injections is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **epidurography 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:
Claimant is a 71 yo female who sustained an industrial injury to her wrists, right knee, elbow, left hip and low back on 7/16/96. The patient was treated by Dr. [redacted], MD, pain medicine and Tomic, PAC who are treating the patient for low back pain and radiculopathy. The patient's treatment in the past 17 years had included laminectomy, left L5-S1 epidural steroid injections, and medications as well as other modalities. Patient has remained symptomatic and functionally impaired. The patient is retired. Co-morbidities include COPD, HTN, s/p stent placement. 08/26I07 - MRI of the lumbar spine - demonstrates surgical changes at L5-S 1 of left laminotomy with soft tissue noted within the lateral recess at L5 around the transversing S1 nerve root likely representing scar tissue with mild right and moderate left neural foraminal narrowing 09/17/12 - [redacted], PAC – noted low back pain radiating to the bilateral lower extremities rated at 6/10; current use of Norco 10/325 mg four tablets daily, OxyContin 120mg daily; Soma 4 tablets daily and Valium lOmg 1-2 tablets as directed; with recommendations for left LS-S 1 transforaminal ESL. 07/18/13 - [redacted], PAC - noted subjective complaints of continued constant low back pain with radiation to both legs and at 10/10 when at its worst, now getting more pain on the right when before it was primarily on the left; reports treatment has improved pain; difficulty falling and staying asleep; reports of 40% improvement in sitting ability, 50% improvement in standing and 70% improvement in walking, 40% improvement in household chores with treatment; current medications include Valium, Norco, OxyContin, and Soma; reports the patient is retired. Objective findings include BMI 35; positive left SLR; antalgic gait; lumbar spasm and tenderness with restricted motion; sensation is reported to be decreased in the left L5 and S1 distribution; 5/5 motor strength in both lower extremities and reflexes are reported as 1+ on the left ankle. Diagonses: Low back pain and

radiculopathy. The patient reported that the last epidural injection resolved her pain for several days, and subsequently reduced pain for more than 6 weeks by 50%. She was able to do more of her ADL's and decreased medication intake. However, she had an exacerbation and had worsening of right leg symptoms. MRI findings indicated nerve root impingement at L5-S 1. Treatment plan recommendations include a request for repeat ESI; continued use of medications including Norco 10/325 4 tablets per day; OxyContin 120 mg per day; Soma 4 tablets daily; and follow-up in 4 weeks.

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 Mitchell
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

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

   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 (2009), pg. 46, Epidural Injections Section, which part of the MTUS, and Official Disability Guidelines (ODG), Low Back: Online Version, which is not part of the MTUS.

   The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 46, Epidural Injections Section, which is part of the MTUS.

   Rationale for the Decision:
   According to the records, the employee had a previous lumbar epidural injection with 50% reduction in pain for more than 6 weeks. MRI showed evidence of nerve root compression due to scar adhesion post lumbar surgery. There was clinical radiculopathy on examination. **The request for bilateral L5-S1 transforaminal epidural steroid injection is medically necessary and appropriate.**

2) **Regarding the request for epidurography:**

   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 Official Disability Guidelines (ODG), Online Version, Epidural Steroid Injections (ESIs), therapeutic, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 46, Epidural Injections Section, which is part of the MTUS.

Rationale for the Decision:
Guidelines recommend that epidural injection should be done under fluoroscopic guidance. Injection of contrast to confirm needle placement, and the absence of vascular injection, is a part of the epidural injection. A separate epidurogram procedure/report is not needed. **The request for epidurography 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

/sce

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.