

**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:	7/17/2013
Date of Injury:	6/8/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007591

- 1) MAXIMUS Federal Services, Inc. has determined the request for lumbar caudal epidural injection at L2-3, L3-4, L4-5, L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post injection physical therapy two (2) times a week for four (4) weeks for the lumbar spine **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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **lumbar caudal epidural injection at L2-3, L3-4, L4-5, L5-S1 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post injection physical therapy two (2) times a week for four (4) weeks for the lumbar spine 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 & 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 51-year-old female who reportedly sustained injuries to her right knee and low back while exiting a vehicle on 5/12/2008, and had a slip and fall on 6/8/2008 with injuries to her upper and lower extremities. The patient has undergone multiple surgeries to her right wrist including a right carpal tunnel release, and right knee arthroscopy in 2010. She had "minimal therapy" for her neck and low back complaints. She complained of neck pain with primary radiation into the proximal right upper extremity and frequent numbness and tingling affecting the hands. She also complained of low back pain with radiation into the proximal lower extremities. There was no numbness in the lower extremities. She did not have any improvement with her carpal tunnel release. She currently takes minimal pain medication. The patient's medical history includes diabetes as well as a gastric bypass surgery. Physical examination showed normal gait. There are multiple small surgical scars over the right hand. Range of motion of the upper extremities was normal without atrophy or deformity. There was mild hypersensitivity over the anterior wrist bilaterally. Tinnels in the wrists and elbows were negative. She was able to walk on her toes and heels. No evidence of weakness in the lower extremities. Deep tendon reflexes were normal at the patellar tendons and symmetrically decreased at the Achilles.

**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 lumbar caudal epidural injection at L2-3, L3-4, L4-5, L5-S1:**

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, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The records provided for review do not include evidence of clinical or electrodiagnostic radiculopathy. Further, there are no findings of nerve root compression on MRI. **The request for lumbar caudal epidural injection at L2-3, L3-4, L4-5, L5-S1 is not medically necessary and appropriate.**

**2) Regarding the request for post injection physical therapy two (2) times a week for four (4) weeks for the lumbar spine:**

Since the primary procedure is not medically necessary and appropriate, none of the associated services are 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

/sab

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.