

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	12/6/2007
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007768

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient in-house referral with orthopedic spinal doctor is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right L4-5 and LS-S1 selective nerve root block under fluoroscopy 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 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 in-house referral with orthopedic spinal doctor is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right L4-5 and LS-S1 selective nerve root block under fluoroscopy 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:

Patient with an injury to the lumbar spine from 2007. MRI showed only DDD changes of the discs and the patient has chronic and persistent pain with complaints of bowel and bladder. Report of Lumbar MRI from 7/8/2005 reads that this is a negative MRI. MRI from 4/9/11 showed mild facet joint hypertrophy, 1.5 mm disc endplate osteophyte and facet hypertrophy at L5-S1 with 2mm disc protrusion.

5/19/11, Dr. [REDACTED] report recommending spine surgical consult, patient has persistent low back and leg symptoms. Has blackouts as well.

The patient had a spine surgical consult in 11/18/08 by Dr. [REDACTED], and noted to be a non-surgical consult.

2/5/13, pain re-evaluation, persistent pain in low back and right leg, dizziness and fatigue. Medications were continued. Exam showed midline palpation in lumbar spine, moderate paravertebral muscle spasms present, right greater.

11/27/12, report by pain management, coccygeal region tenderness, pos STR. Caudal injection from 10/29/12 with 50% reduction of pain relief and improved activity levels.

8/29/12, pain report, worst pain is in coccyx, recommended caudal ESI.

On 5/2/12, the patient had a spine surgical re-evaluation by Dr. [REDACTED], not a surgical candidate but recommended SCS.

3/12/12, MRI report of hip, possible labral tear.

11/14/11, discharge note from Dr. [REDACTED].

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 in-house referral with orthopedic spinal doctor:

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 American College of Occupational and Environmental Medicine (ACOEM), guidelines, Chapter 5 and Chapter 7, page 127, not part of the MTUS.

The Expert Reviewer found the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 305-307, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS ACOEM guidelines indicate that except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The employee already has had two spine surgical consultations in the last 5 years. The most recent consult did not consider the employee a surgical candidate. The requesting provider does not explain what has changed. The employee's MRI does not show any reason for another spinal surgical consultation. There are no evidence of progressive neurologic deficit and MRI findings are unremarkable. **The request for an outpatient in-house referral with an orthopedic spinal doctor is not medically necessary and appropriate.**

2) Regarding the request for right L4-5 and LS-S1 selective nerve root block under fluoroscopy:

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 found the Chronic Pain Medical Treatment Guidelines, epidural steroid injections, pages 46 & 47, which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that epidural injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Review of the available reports show that the employee has mostly low back and coccyx pain. The employee has had caudal ESI from last year with reported 50% of reduction of symptoms in the first month. Subsequent to that, there were no reports of any significant improvement from that injection. The employee continued to complain of back and right leg pains. Review of MRI's do not show any convincing evidence that there is radiculopathy. MRI from 2005 was negative. Then, an MRI from 2011 showed 1.5 and 2.0 mm disc/osteophytes at L4-5 and L5-1, respectively. There was no clear evidence of any nerve root lesions. More importantly, there are no reports describing dermatomal distribution of pain, positive examination findings of a specific nerve root problem, in this case L4 and L5 nerves that the treater would like to inject. **The request for right L4-5 and L5-S1 selective nerve root block under fluoroscopy 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.