
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/31/2013

11/3/2012

8/6/2013

CM13-0007867

- 1) MAXIMUS Federal Services, Inc. has determined the request for **first therapeutic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lumbar facet joint block at the medial branch levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 bilaterally is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **clearance from an internal medicine specialist is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **cold unit is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **lumbar exercise kit is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **lumbar traction unit is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **first therapeutic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lumbar facet joint block at the medial branch levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 bilaterally is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **clearance from an internal medicine specialist is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **psychological evaluation is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **cold unit is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **lumbar exercise kit is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **lumbar traction unit 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 tripped and fell on 11/11/12, injuring her head, neck and back. According to the 7/17/13 PR2 by Dr [REDACTED], the patient has 7/10 pain without medications. The patient stated the pain medications did not help reduce her pain levels. She was reported to be taking tramadol and a topical ointment. Acupuncture and the lumbar support, TENS unit and hot/cold therapy have been helpful. The PR2 states that on 7/11/13, she underwent her second diagnostic lumbar epidural steroid injections (LESI) with pain reduction starting 5 days after the procedure, going from 8/10 to 5/10. Apparently, the patient has normal sensory findings L1-S2 distribution. The plan is for

the patient to undergo the first therapeutic LESI because the diagnostic LESI produced decreased pain within 5 days after the procedure, decrease in radicular symptoms. Also recommended medial branch blocks (MBB) bilateral at L1/2, L2/3, L3/4 and L4/5 and L5/S1, and recommends these on the same day as the LESI due to decrease anesthetic exposure, decrease travel time, patient lives 20 miles away, and decrease overall hardship for the patient. Also requests internal medicine and psychological clearance prior to the injections, then requests durable medical equipment (DME) including a cold unit, lumbar exercise kit and lumbar traction unit.

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 first therapeutic lumbar epidural steroid injection at disc levels L4-L5 and 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 (ESIs), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46 of 127, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The medical records provided for review do not indicate that the employee has radiculopathy, and exam findings did not show any radicular symptoms in any dermatomal pattern.

The request for first therapeutic lumbar epidural steroid injection at disc levels L4-L5 and L5-S1 is not medically necessary and appropriate.

2) Regarding the request for lumbar facet joint block at the medial branch levels L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 bilaterally :

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), 2nd Edition, Low Back Disorders Chapter (update to chapter 12), which is a part of the MTUS. The

Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300-301 facet joint injections, which is a part of the MTUS. And the Official Disability Guidelines (ODG), low back for diagnostic facet blocks, which is not a part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines indicate that lower back pain must be non-radicular, and recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The medical records provided for review indicate that the treating physician wanted to do the medial branch block at all lumbar levels on the same day as the lower back epidural steroid injection. The request is for all five (5) levels bilaterally, which does not meet guideline criteria. **The request for lumbar facet joint block at the medial branch levels L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1 bilaterally is not medically necessary and appropriate.**

3) Regarding the request for clearance from an internal medicine specialist:

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

4) Regarding the request for psychological evaluation:

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

5) Regarding the request for cold unit:

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

6) Regarding the request for lumbar exercise kit:

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

7) Regarding the request for lumbar traction unit:

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

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.