

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 10/7/2008
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0007937

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 and employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old male who reported a work-related injury on 10/07/2008 as a result of strain to the lumbar spine. Subsequently the patient presents for treatment of the following diagnoses, dysthymic disorder, chronic pain syndrome, lumbar radiculitis, and lumbar degenerative disc disease. Electrodiagnostic study of the bilateral lower extremities dated 07/11/2012, signed by Dr. ■■■■, revealed a normal electrodiagnostic study of the bilateral lower extremities with no evidence of radiculopathy, plexopathy, myopathy, or peripheral neuropathy on the study. The clinical notes evidence the patient last underwent epidural steroid injection on 03/11/2013 under the care of Dr. ■■■■. The clinical note dated 07/10/2013 reported the patient was seen in clinic under the care of Dr. ■■■■ for follow-up. The provider documents the patient reported 50% pain relief for 3 months, but now the patient presents with increasing low back pain and left lower extremity pain. The patient is requesting a repeat lumbar epidural steroid injection. The patient reports the pain is better with medications, injections, and lying down. The patient rates his pain at 10/10 without medications and 7/10 with medications. Upon physical exam of the patient, the provider documented the patient had 5/5 motor strength throughout the bilateral lower extremities, deep tendon reflexes were 2+ to the patellae bilaterally, and 1+ to the Achilles bilaterally. There was pain with flexion and extension of the lumbar spine and a positive straight leg raise on the left.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for 1 lumbar interlaminar epidural steroid injection at the levels of L5-S1 under fluoroscopic guidance and conscious sedations is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Low Back Complaints, which is part of the MTUS and Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of significant objective findings of any neurological, motor, or sensory deficits upon physical exam of the patient. In addition, there was a lack of documentation submitted evidencing recent active treatment modalities the patient has utilized for his pain complaints, including activity modification and physical therapy. As California MTUS indicates, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." The current request is not supported, as the clinical notes lack evidence of significant findings of objective symptomatology and documentation of recent utilization of active treatment modalities. Given the above, the request for 1 lumbar interlaminar epidural steroid injection at the levels ligamentum flavum L5-S1 under fluoroscopic guidance and conscious sedation is not medically necessary or appropriate.

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.

ESIS
PO Box 6569
Scranton, PA 18505

CM13-0007937