

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	6/22/2001
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008047

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection, L5-S1** 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 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 epidural steroid injection, L5-S1 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.

### **Expert Reviewer Case Summary:**

57-year-old male who had an industrial injury 6/22/2001 of unclear mechanism. Patient was diagnosed with degenerative disc disease. The patient underwent permanent implantation of a pain pump on 3/4/2009. This was then removed on 8/10/2010.

The last epidural was at the L5-S1 level on 8/31/2011 with improvement. However the record did not specify the % of improvement or duration of improvement.

Other treatments to date include spinal cord stimulator trial, trigger point injections and Physical Therapy. The latest lumbar x-ray dated 6/26/2013 by Dr. [REDACTED] showed moderate spondylosis. The latest medical report dated 7/8/2013 states that the patient has back pain radiating to the both legs.

Examination reveals decreased lumbar range of motion. There is tenderness in the paravertebral muscles. Ankle and patellar reflexes are absent bilaterally. There is decreased sensation in the left lateral foot, medial foot, medial calf, lateral calf, posterior thigh and lateral thigh in a patchy distribution. Muscle strength is decreased to 5-/5 in the left lower extremity.

Electromyography(EMG)/Nerve Conduction Study(NCS) - Bilateral Lower Extremity (BLE) done by Dr. [REDACTED] on 4/6/2012

- which is suggestive of bilateral SI chronic radiculopathy and indicated right peroneal neuropathy.

MRI 6/22/13

**IMPRESSION:** Degenerative bone, disk and joint changes seen scattered throughout the lumbar spine as described with associated moderate spinal stenosis at the L3-L4 level, mild spinal stenosis at the L1-L2, L2-L3 and L4-L5 levels, moderate

bi lateral foraminal narrowing at the L2-L3, L3-L4, and L4-L6 levels and mid lateral foraminal narrowing at the L1-L2 level.

**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 epidural steroid injection, 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 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), which is part of MTUS, and the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection, page 46, which is part of the MTUS.

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

Rationale for the Decision:

The medical records provided for review indicate the employee had a previous epidural injection with some improvement, but the percentage of improvement and duration of improvement were not documented. Even though the employee had clinical evidence of radiculopathy, the MRI showed no evidence of neural compromise particularly at L5/S1. The L5/S1 disc was normal on MRI. **The request for lumbar epidural steroid injection, L5-S1 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, 18<sup>th</sup> 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.