

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

██████████
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December 23, 2013

Employee: ██████████
Claim Number: ██████████
Date of UR Decision: 7/29/2013
Date of Injury: 7/28/2012
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008121

Dear Mr./Ms. ██████████

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, ██████████

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 IMR application shows the patient disputes the 7/25/13 UR decision on a bilateral L5 selective ESI. the 7/25/13 UR is by [REDACTED] and shows they are denying three LESIs. On closer review, they are actually denying the 3rd LESI due to minimal response to the first two.

The 9/6/13 report from Dr [REDACTED] states the patient continues have some improvement from the L5 TFESI on 5/29/13, reduced about 60%.

8/6/13 Neurosurgical consult by Dr. [REDACTED] indicates the patient's chief complaint is 8/10 back pain right side constant numbness in the right leg. The patient is a 25-YO, M, injured on 8/25/12 from slip and fall. The patient had 25 sessions of PT, 20 chiropractic and 3 ESIs and the pain continues. The neurological exam indicated negative SLR, with no sensory loss, and the pateint can heel and toe walk. According to Dr. [REDACTED], the MRI did not show any impingement that requiries further neurosurgical work up and that the patient does not require surgical intervention, but that conservative care with Dr [REDACTED] is recommended.

8/5/13 Chiropractic report, Dr. [REDACTED] indicates LBP that radiates down BLE. The patient had a recent flare up and went to the ER. The patient received a pain injection that helped. The patient feels the first 2 ESIs helped. VAS 8-10/10 EMG/NCV on 1/22/13 shows lumbosacral radiculopathy at right L5 root and increased irritation of the left L5 root.

7/16/13 ER report, [REDACTED], indicates chronic back pain, moderate. No Radiation. No sensory or motor loss. No bowel or bladder dysfunction.

7/11/13 [REDACTED] MD indicates low back pain 50%, 50% legs. Flexion 20, extension 20 degs. with positive lumbar facet loading, negative SLR. SI tenderness bilaterally.

6/24/13 [REDACTED] DC indicates the patient had some benefit from the recent LESI, but is not sure about having another ESI. VAS 3-8/10.

6/5/13 [REDACTED], MD notes the patient had some further improvement with the bilateral L5 TFESI on 5/29/13, although it is still evolving as it has only been a week since the injection. The patient has little pain at rest.

5/30/13, [REDACTED], MD indicates the current pain is associated with tingling, numbness, and weakness in the legs. The patient's symptoms are unchanged since the injury. Rx tramadol, flexeril, naproxen, prilosec, dendracin,

5/29/13 Operative report, Dr. [REDACTED] performed a bilateral L5 TFESI with 2mg versed and 100mcg fentanyl.

IMR DECISION(S) AND RATIONALE(S)

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

1. Bilateral lumbar L5 selective epidural injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

MTUS states "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year" The patient failed the bilateral L5 TFESI on 5/29/13 by Dr. [REDACTED]. The day after the injection, the patient was seen by Dr [REDACTED] who noted there had been no change in symptoms since the injury. There was no reduction in medications after the ESI, as Dr. [REDACTED] added several medications the day after the injection. On the 6/5/13 follow-up, Dr. [REDACTED] could not describe any functional improvement, but felt that since it was only a week that it may take more time to start to develop. At 4 weeks, the 6/24/13 PR2 shows his pain was still at the 8/10 range. The patient went to the ER on 7/16/13, due to pain, and he reported pain of 8/10 at the 8/6/13 neurosurgical consult. Dr. [REDACTED] report on 9/6/13 claims the patient still has 60% benefit from the ESI on 5/29/13, but this is not consistent with the reports from the three other evaluating physicians and the ER report. The ESI did not help to reduce pain or medication use. The request for a third ESI is not in accordance with MTUS guidelines. The request for a **bilateral lumbar L5 selective epidural injection is not medically necessary and appropriate.**

/ldh

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.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]