
Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

IMR Case Number:	CM13-0008745	Date of Injury:	08/14/2013
Claims Number:	██████████	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/08/2013
Employee Name:	██████████		
Provider Name:	██████████ MD		
Treatment(s) in Dispute Listed on IMR Application:	First diagnostic lumbar epidural steroid injection at disc levels, L5-S1		

DEAR ██████████

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 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:

IMR DECISION(S) AND RATIONALE(S)

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

1. First diagnostic lumbar epidural steroid injection at disc levels L5-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS, Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), pg. 46, and ACOEM Practice Guidelines 2nd Edition, Low Back Complaints Chapter, pg. 300, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states "Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the medical records outline multiple lumbar pain, which is described as both axial and radicular; neither symptoms nor physical examination findings, nor diagnostic findings which are clearly in a radicular fashion. Therefore, the clinical history does not meet the guidelines for an epidural steroid injection. This request is not medically necessary.

2. Lumbar facet joint block at the medial branch at levels L4-L5 and L5-S1, bilaterally is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines 2nd Edition, Low Back Complaints Chapter, pgs. 181, 183, and 300, and Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The medical treatment utilization schedule does not directly discuss indications for medial branch block. Official Disability Guidelines/Treatment in Workers Compensation/Low Back discusses Facet Joint Diagnostic Blocks, noting "Limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally . . . Clinical presentation should be consistent with facet joint pain, signs, and symptoms." The medical records in this case describe radicular rather than nonradicular symptoms. Additionally, the pain is multifocal and does not clinically meet the criteria for facet joint pain or signs and symptoms. Therefore, this request is not medically necessary.

3. Clearance from internal medicine specialist is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS, Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), pg. 46, and ACOEM Practice Guidelines 2nd Edition, Low Back Complaints Chapter, pg. 300, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This request has been made to determine if the patient is stable to proceed with an epidural injection and medial branch block. Since the underlying procedures are not medically necessary, it follows that this request is not medically necessary.

4. Psychological evaluation is not medically necessary and appropriate.

The Claims Administrator based its decision on the MTUS, Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), pg. 46, and ACOEM Practice Guidelines 2nd Edition, Low Back Complaints Chapter, pg. 300, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This request has been made to determine if the patient is stable to proceed with an epidural injection and medial branch block. Since the underlying procedures are not medically necessary, it follows that this request is not medically necessary.

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]

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