

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	3/1/2103
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009048

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar spine epidural steroid injection (ESI) at L4-5 x 1** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **lumbar spine epidural steroid injection (ESI) at L4-5 x 1 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 Orthopedic Surgery 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:

This is a 59-year-old gentleman who injured his low back on 3/1/13. The records indicate that predating the injury, the claimant was with a history of a 2001 L4-5 lumbar fusion. Recent clinical assessment dated 7/1/13 indicates persistent weakness and low back pain with radiating leg pain. It states that recent 5/20/13 radiographs of the lumbar spine showed a fusion at the L4-5 level with degenerative changes. A recent MRI report dated 4/17/13 showed interbody fusion at L4-5, with mild to moderate T12 through L3 foraminal narrowing, and severe left and moderate right L4-5 neural foraminal narrowing. The claimant's 7/1/13 physical examination showed equal and symmetrical reflexes and negative findings otherwise. There was no documentation of sensory, motor, or gait abnormality. The claimant's working diagnosis was that of degenerative arthritis of the lumbar spine status post L4-5 fusion. An epidural steroid injection to be performed at the L4-5 level was recommended for further care. Prior utilization review denied the request citing lack of evidence of a radicular process on examination or compressive findings on imaging.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for lumbar spine epidural steroid injection (ESI) at L4-5 x 1 :

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, 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, 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 the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records provided for review shows evidence of fusion at the L4-5 level; however, the employee's physical examination, imaging, and clinical presentation do not show evidence of a radicular process. **The request for lumbar spine epidural steroid injection (ESI) at L4-5 x 1 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, 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.