

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 20, 2013

Employee:	[REDACTED]
[REDACTED]	TG1139762
Date of UR Decision:	7/1/2013
Date of Injury:	11/29/2000
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009080

Dear Mr./Ms. [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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Ohio, and Texas. 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 patient is a 54-year-old male who reported an injury on 11/29/2000. The patient was noted to have a laminectomy at L4 and L5 with an L4-5 and L5-S1 discectomy followed by posterior lumbar interbody fusion procedure at both levels on 04/17/2002. The patient was noted to have an anterolateral retroperitoneal extreme lateral interbody fusion at L3-4 followed by posterior partial laminectomies of L3 and L4 on 02/15/2012. On 05/02/2012, the patient was noted to have an exploration of the posterior lumbar fusion at L3-4 and L4-5 and posterior lumbar laminectomies of L2 and L3. Prior procedures include an epidural steroid injection. The patient's diagnoses are stated to be lumbar stenosis, lumbar radiculopathy, and LPLS.

IMR DECISION(S) AND RATIONALE(S)

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

1. Bilateral lumbar transforaminal epidural steroid injection (ESI) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, pg. 46, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

The CA MTUS Guidelines recommend repeat blocks based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for up to 6 to 8 weeks. The employee was noted to complain of LB and LE pain. The examination revealed the employee had tenderness to the lumbar area. However, it failed to

provide the employee had radiculopathy upon examination. The clinical documentation submitted for review indicated the employee had prior treatments with an epidural steroid injection and it failed to provide the employee's response to the injection. Additionally, the clinical documentation submitted for review failed to provide the level of the transforaminal epidural steroid injection. **The request for bilateral lumbar transforaminal epidural steroid injection (ESI) is not medically necessary and appropriate.**

2. MRI of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, pgs. 303-305, which are part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, pgs. 303-305, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS/ACOEM Guidelines do not address repeat MRIs of the lumbar spine. However, they indicate for an MRI the patient should have specific nerve compromise upon neurologic examination. The Official Disability Guidelines recommend the use of repeat MRIs for patients when there is a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the employee had a tender spine, and failed to provide the employee had a specific nerve compromise. Additionally, it failed to provide when the last MRI was performed. It was noted that the MRI was being requested after the employee had an SCS evaluation, however, it failed to provide the necessity for the requested services. **The request for MRI of the lumbar spine is not medically necessary and appropriate.**

3. MRI of the thoracic spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, Chapter 12, pgs. 303-305, which are part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS/ACOEM Guidelines do not address repeat MRIs of the lumbar spine. However, they indicate for an MRI the patient should have specific nerve compromise upon neurologic examination. The Official Disability Guidelines recommend the use of repeat MRIs for patients when there is a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the employee had a tender spine and failed to provide the patient had a specific nerve compromise. Additionally, it failed to provide when the last MRI was performed. It was noted that the MRI was being requested after the employee had an SCS evaluation, however, it failed to provide the necessity for the requested services. **The request for MRI of the thoracic spine is not medically necessary and appropriate.**

4. MRI of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Neck and Upper Back complaints, Chapter 8, pg. 178, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Neck and Upper Back complaints, Chapter 8, pgs. 177-179, which are part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines indicates that an MRI is used when there is definitive neurological findings on physical examination. It does not address repeat MRI's. The Official Disability Guidelines recommend the use of repeat MRIs for patients when there is a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the employee had a tender spine and failed to provide the employee had a specific nerve compromise. The physical examination failed to provide the employee had objective findings upon examination to support the necessity for the requested service.

Additionally, the clinical documentation submitted for review failed to provide whether the employee had previously had an MRI of the cervical spine as the injury was in 2000. Given the lack of documentation, and the lack of objective findings with definitive neurological findings, the request for an MRI of the cervical spine is not medically necessary. **The request for MRI of the cervical spine is not medically necessary and 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.

[REDACTED]

CM13-0009080