

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Lumbar Epidural Steroid Injection is **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 disputing the Utilization Review Denial dated 3/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/22/2013. 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 Lumbar Epidural Steroid injection requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 30, 2013

“The patient is a 37 year-old female with the date of injury on 2/20/2013. PT has not been approved yet. The patient has back and left leg pain with left EHL weakness. The MRI showed a left L5-S1 protrusion with the left S1 impingement and a central L4-5 protrusion. The patient has just started PT on 3/26/13. She has noted radiculopathy on exam and MRI. An ESI may be eventually needed but the patient needs to attempt conservative care first.”

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 for Independent Medical Review received 4/22/2013
- Utilization Review Determination provided by [REDACTED] dated 3/30/2013
- Medical Records provided by [REDACTED] MD from 3/12/2013 through 4/15/2013
- Physical Therapy Medical Records provided by [REDACTED] PT from 3/12/2013 through 4/18/2013
- Official Disability Guidelines, Lumbar Section, Epidural Steroid Injections, as utilized within the MTUS guidelines criteria on Epidural Steroid Injections

1) Regarding the Request for Lumbar Epidural Steroid Injection:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Lumbar Section, Epidural Steroid Injections, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the guidelines used by the Claims Administrator were appropriate for the employee's clinical circumstance. The Professional Reviewer also provided the following citations: 1. Abdi, Salahadin et al. Epidural Steroids in the Management of Chronic Spinal Pain: A Systematic Review Pain Physician 2007; 10: 185-212, 2. Vad, Vijay B. MD et. al. Transforaminal Epidural Steroid Injections in Lumbosacral Radiculopathy. A Prospective Randomized Study. Spine. Jan 2002; 27(1) pp 11-15., 3. Botwin, Kenneth P. et. al. Fluoroscopically Guided Lumbar Transforaminal Epidural Steroid Injections in Degenerative Lumbar Stenosis: An Outcome Study. American Journal of Physical Medicine and Rehabilitation. December 2002; 81(12) pp 898-905., and 4. Rosenberg, Samuel K. et. al. Effectiveness of Transforaminal Epidural Steroid Injections in Low Back Pain: A One Year Experience. Pain Physician. 2002; 5(3) pp 267-270.

Rationale for the Decision

The employee has back and left leg pain following a work related injury that became severe on 2/22/2013. The employee has a history of kidney disease with a single kidney. The employee has tried Norco, Dilaudid, Flexeril, Valium, Soma, and over-the-counter Motrin. The provider and employee are concerned about using medications to control the pain given the history of kidney disease.

The neurological exam on 3/15/2013 documented the presence of a radiculopathy, as evidenced by positive straight leg raise on the left side, left extensor hallucis longus and left toe weakness at 4/5. The MRI of the lumbar spine from 1/12/2013 showed a left L5-S1 protrusion with a left S1 impingement and a central L4-5 protrusion. The employee has completed approximately five physical therapy appointments and reported benefit with physical therapy. The employee continues to experience severe pain and a limited range of motion.

The Official Disability Guidelines, Epidural Steroid Criteria, of the Medical Treatment Utilization Schedule is an appropriate guideline. The Claims Administrator failed to take note that the employee's clinical circumstances did fulfill its criteria. A radiculopathy was documented and corroborated by imaging studies. The conservative care listed within the criteria has failed.

It is the standard of care, as established by the Agency for Healthcare Research and Quality (AHRQ), to exhaust all conservative therapy and less invasive measures such as epidural steroid injections prior to surgical intervention. The literature shows that there is strong evidence for interlamina epidurals in the lumbar spine. (Abdi et al., Pain

Physician, 2007) Because the employee has a single kidney, certain pain medications, such as NSAIDs are contraindicated long term. The requested lumbar epidural steroid injection **is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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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.