

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Epidural Steroid Injection for the Lumbar Spine at L3-5 requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/15/2013. 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 Epidural Steroid Injection for the Lumbar Spine at L3-5 requested **is not 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 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 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 April 18, 2013

“This is a 23 year-old male who was injured on 2/01/2013. The mechanism of injury occurred when he lifted a 35 pound bucket, which aggravated the low back and a prior neck injury. The diagnosis included lumbar strain. The patient’s treatment included an MRI as well as Tramadol and Meloxicam prescribed by a different primary care physician for his ongoing neck pain. His last physical exam revealed normal strength and tone of the lower extremity muscles and normal and equal deep tendon reflexes with a positive straight leg raise in the seated position on the right. An MRI of 3/11/2013 revealed disc herniations at L5-S1, L1-L2, and L2-L3 on the right. An electromyogram (EMG) (date unavailable) was stated to reveal radiculopathy from L3-L5 of the left extremity. Per a 4/19/2013 PR-2 from Dr. [REDACTED] there was some concern as the patient had been treated with physical therapy for his neck and back for another claim and this was filed after he lost his job. Part of the rationale for requesting the epidural steroid injection (ESI) was that the patient had a previous response with his cervical disc problem from the previous injury. Dr. [REDACTED] related that, although the patient had previous physical therapy on the old claim, he had not had physical therapy for his back recently.”

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:

- Request for Independent Medical Review dated 4/24/2013
- Utilization Review Determination provided by [REDACTED] dated 4/18/2013
- Medical records dated from 2/25/2013 through 5/09/2013

- California Medical Treatment Utilization Schedule (MTUS) , 2009, Chronic Pain, page 46, Epidural Steroid Injections (ESIs)
- American College of Occupational and Environmental (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, page 309
- Official Disability Guidelines (ODG), Low Back Section, Epidural Steroid Injections

1) Regarding the Request for Epidural Steroid Injection for the Lumbar Spine at L3-5:

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 American College of Occupational and Environmental (ACOEM) guidelines, 2004, 2nd Edition, Chapter 12, Low Back Complaints, page 309, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced sections of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee experienced low back pain on 2/1/2013 after lifting a 35 pound bucket. The impression was acute lumbar strain aggravating chronic low back and neck pain. The employee's treatment included continuation of pain medication. An MRI on 3/11/2013 was interpreted as disc herniations at L5-S1, L1-L2, and L2-L3 on the right. An electromyogram (date unavailable) was stated to reveal radiculopathy from L3-L5 of the left extremity.

ACOEM guidelines, 2004, 2nd Edition, Chapter 12, Low Back Complaints, page 309 of the MTUS do not recommend Epidural Injections without radiculopathy. The reviewed medical records fail to document subjective symptoms of radicular pain. The physical examination findings are not consistent with radicular pain. Based on these factors, the Epidural Steroid Injection for the lumbar spine at L3-5 requested **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;

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