

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 L4-L5 and L5-S1 Transforaminal Epidural Steriod injection requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/23/2013 disputing the Utilization Review Denial dated 4/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/24/2013. 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 L4-L5 and L5-S1 Transforaminal Epidural Steriod injection requested **is 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 Occupational Medicine 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 29, 2013

“Employee experienced low back pain at work on 1/14/15 after lifting a piece of concrete off the ground. The next morning the employee experienced pain, described as sharp and shooting, in both lower extremities with bending at the waist. Lumbar spine X-rays were normal. The employee was treated conservatively with oral analgesics and physical therapy. A Lumbar MRI was taken on 3/1/13.”

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 (dated 5/23/13)
- Utilization review determination by [REDACTED] (dated 4/29/13)
- Employee medical records from [REDACTED] (dated 1/15/13-5/1/13)
- Employee medical records from [REDACTED], MD (dated 4/4/13-5/29/13)

- MRI report from [REDACTED] (dated 3/1/13)
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), (Chapter 12) pg. 300, 309
- Appendix D – Chronic Pain Medical Treatment Guidelines – Division of Workers' Compensation and Official Disability Guidelines References (May, 2009), pg. 46

1) Regarding the request for the L4-L5 and L5-S1 Transforaminal Epidural Steroid injection :

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 300, 309, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer felt the Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (Effective July 18, 2009) Page 46 of 127 of the MTUS was more applicable to the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 30-year-old who sustained an industrial injury to the low back on January 14, 2013. Medical records provided and reviewed indicate the employee has been treated with analgesic medications; lumbar support, topical applications of heat and cold, and a massager. Based on the Lumbar Spine MRI report of 3/1/13, the employee has radiographically confirmed, clinically active lumbar radiculopathy. The medical report from May 18, 2013 indicates the applicant continues to exhibit low back pain radiating to the bilateral lower extremities. The employee has failed first-line conservative treatments, including analgesic medications, physical therapy, and acupuncture. The employee is now five (5) months post injury, meeting the criteria for chronic pain, and the Chronic Pain Medical Treatment guidelines support the requested epidural steroid injection for this clinical situation. The request for the L4-L5 and L5-S1 Transforaminal 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
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.