

**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**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/27/2013
Date of Injury:	1/10/2002
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019522

- 1) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection with fluoroscopy lumbar at L3-4, lumbar spine is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/27/2013. 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 **epidural steroid injection with fluoroscopy lumbar at L3-4, lumbar spine 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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.

### **Expert Reviewer Case Summary:**

This injured worker is a 54 year old male with chronic low back pain related to an industrial injury on 1/10/2002. The injured worker has spondylolisthesis, L4 to sacrum fusion, severe spinal stenosis at L3-4, and has had 11 years of treatment including PT, massage therapy, chiropractic manipulation, NSAIDs, Neurontin, Lyrica, medicinal marijuana, and lumbar fusion. A recent progress note by the request healthcare provider on date of service 6/27/2013 indicates that the patient has symptoms of low back pain radiating to the left lower extremity. On examination, there is tenderness in the left SI joint and sciatic notch. Range of motion of the spine is 50% of expected. Normal muscle strength is demonstrated in the lower extremities. Sensation is diminished in the left distal anterior thigh and medial calf. Reflexes are 1+ bilaterally at the Achilles and 1+ in the left quadriceps and 2+ in the right quadriceps (assumed to be patellar reflex). Nerve tension signs are mildly positive on the left and negative on the right. The patient's most recent MRI of the lumbar spine was done on 5/20/2013. Per report by the requesting healthcare provider, there was severe spinal stenosis at L3-4, with a left paracentral disk bulge. The original report the lumbar MRI is not available.

### **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 Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for epidural steroid injection with fluoroscopy lumbar at L3-4, lumbar spine:**

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 MTUS Chronic Pain Medical Treatment Guidelines(2009), Epidural injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, page 46-47, which is part of the MTUS.

Rationale for the Decision:

There is documentation of objective findings suggestive of lumbar radiculopathy in the medical records submitted and reviewed. This includes positive neural tensions signs, decreased sensation in the left lower extremity in the dermatomal distribution, and diminished patellar reflex (left versus right). This is corroborated by Magnetic Resonance Imaging (MRI), lumbar spine findings. Although the original radiology report of the lumbar MRI performed in 5/2013 is not available in the submitted documentation, the requesting healthcare provider does summarize the salient points of the study. The employee was found to have severe spinal stenosis at L3-4, with a "small disc herniation to the left at L3-4." "Impingement is noted upon both L4 nerve roots" according to the most recent PR-2. Thus the radiologic findings corroborate the exam findings. Since, the employee has tried multiple other conservative therapies, the request for a lumbar epidural steroid injection is recommended for certification. **The request for epidural steroid injection with fluoroscopy lumbar at L3-4, lumbar spine 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/bd

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.