
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/6/2013

5/6/2011

7/15/2013

CM13-0001436

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar epidural steroid injection L5-S1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 a lumbar epidural steroid injection L5-S1 **is not 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 July 6, 2013:

“This 32-year old male was injured on 5/6/11. The mechanism of injury was not provided. The diagnosis was lumbago. The patient was noted to be positive for mild bilateral L5-S1 nerve dysfunction. An MRI dated 6/20/11 was available that showed disc desiccation at L2-3 and L3-4 with no compressive etiology. A recent evaluation dated 6/20/12 indicated ongoing complaints of low back pain with radiating pain to the bilateral legs. Physical examination findings at the date demonstrated 5/5 strength of the lower extremities, equal and symmetrical reflexes, and no sensory deficit or positive radicular findings. It stated that there was a request for epidural injection to be performed at the L5-S1 interspace. Prior care in this case included work restrictions, medication management, activity modification, and a course of prior therapy.”

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 7/15/13)
- Utilization Review Determination (dated 7/6/13)
- Chronic Pain Medical Treatment Guidelines (2009), Criteria for use of Epidural steroid injections, pg. 36
- Medical Records from [REDACTED] MD (dated 10/29/12-6/20/13)
- Medical Records from [REDACTED] MD Orthopaedic Surgery (dated 10/26/12-25/25/13)

- Medical Records from [REDACTED] (dated 7/11/12-3/25/13)
- Initial and follow-up Psychotherapy Progress Reports from [REDACTED] (dated 3/14/13-6/30/13)
- MRI of right shoulder & MRI right knee from [REDACTED] (dated 1/16/13-3/5/13)

1) Regarding the request for a lumbar epidural steroid injection L5-S1 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Criteria for the use of Epidural steroid injections, pg. 46, which is part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 6, 2011, resulting in back pain. The medical records provided for review indicate a diagnosis of lumbago. Treatments have included work restrictions, medication management, activity modification, and a course of physical therapy. The request is for lumbar epidural steroid injection (ESI) L5-S1.

MTUS Chronic Pain Medical Treatment Guidelines state that for epidural steroid injections there must be documented radiculopathy on exam and corroborating diagnostic tests. The medical records do indicate that there were "diagnostic studies" done in 2011 which showed L5-S1 nerve root dysfunction, however, there is no indication as to the type of study performed or to which side of the body. None of the records reviewed documented any findings of radiculopathy on exam and the MRI of the lumbar spine done in 2011 is not reported as showing nerve issues. The request for lumbar ESI L5-S1 **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

/mbg

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.