
Notice of Independent Medical Review Determination

Dated: 9/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/1/2013

12/10/2011

7/15/2013

CM13-0001479

- 1) MAXIMUS Federal Services, Inc. has determined the request for the second lumbar epidural steroid injection for the right L4-L5 and 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 the second lumbar epidural steroid injection for the right L4-L5 and 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 Physical Medicine and Rehabilitation, 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 1, 2013

“Clinical summary: According to Progress Report on 6/26/13 by Dr. [REDACTED], the patient was seen for follow up on lumbar spine. The patient felt 40-50 percent better after first lumbar epidural injection on 06/13/13. Symptoms were improved. The patient would like to have second lumbar epidural steroid injection. On exam of lumbar spine. right straight leg raise positive at 90 degrees, flexion at 60 degrees. and extension 5 degrees. The patient had OME with Dr. [REDACTED] on 6/13/13. The patient was diagnosed with L4-5 and L5-S1 3 mm disk protrusion, mechanical discogenic low back pain left knee meniscus tear, left knee osteoarthritis and right L5 radiculopathy. The patient had past medical history of hypertension.”

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 by [REDACTED] (dated 7/1/13)
- Chronic Pain Medical Treatment Guidelines – Division of Workers’ Compensation and Official Disability Guidelines References (May, 2009), pg. 46

NOTE: No requested medical records were provided timely by the Claims Administrator, the Employee, or the Provider.

1) Regarding the request for the second lumbar epidural steroid injection for the right L4-L5 and 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), pg. 46. 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 December 10, 2011 to the lower back. No medical records were provided for review. The Utilization Review determination dated July 1, 2013 lists a diagnosis of L4-5 and L5-S1 3mm disk protrusion, mechanical discogenic lower back pain. The request is for the second lumbar epidural steroid injection for the right L4-L5 and L5-S1.

The Chronic Pain Medical Treatment guidelines indicate that in the therapeutic phase, repeat blocks should be based on documented pain and functional improvement, with at least 50% pain relief with reduction of medication use for six to eight weeks. No medical records were provided for review, and the Utilization Review determination did not indicate the reduction of medication use for six to eight weeks from the previous epidural steroid injection. The request for the second lumbar epidural steroid injection for the right L4-L5 and 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

/sh

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.