
Notice of Independent Medical Review Determination

Dated: 9/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

5/28/1999

7/16/2013

CM13-0001749

- 1) MAXIMUS Federal Services, Inc. has determined the requested transforaminal epidural steroid injection at left L4 under fluoroscopic guidance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested transforaminal epidural steroid injections at left L5 and S1 under fluoroscopic guidance **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested transforaminal epidural steroid injection at left L4 under fluoroscopic guidance **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested **transforaminal epidural steroid injections at left L5 and S1 under fluoroscopic guidance 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 Anesthesiology and Pain Management, 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 15, 2013:

“ [REDACTED] a 65 year-old Supervising Court Clerk with a date of injury of 5/28/99. Since that injury she has had multiple lumbar surgeries, many spinal injections and has been treated with a multitude of medications. Prior interventions have included 11/09/05: L3-S 1 medial branch radiofrequency ablation with excellent response for 2 weeks, 01/11/06: Left L5 and S1 transforaminal epidural steroid injection with almost no pain for a few days, 08/20/08 and 09/26/08: Left L4-S 1 transforaminal epidural steroid injection.. On 06/13/13 [REDACTED], MD/C. [REDACTED] PA reported low back and left leg pain rated 8/10 with numbness and tingling. Good results from previous lumbar epidural steroid injections and trigger point injections. Medications controlled some but not all of pain. Topical analgesics provided excellent relief of moderate-severe pain since she had been taken off several oral medications. Back pain increased significantly since last visits when it was rated 6/10. Pain was worse in the mornings and improved slightly as she became more mobile. Functionality in the morning was nearly zero and she required assistance. Pain medications not working as well as before with only suboptimal relief. Objective: Gait was slow and guarded. She was deconditioned. Able to sit 15 minutes. Lumbar extension, lateral bending and rotation decreased with pain, Left straight leg raise was positive at 45 degrees. Patrick/Gaenslen testing were positive. Tenderness to palpation over bilateral sacroiliac joints.”

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 7/16/2013)
- Utilization Review Determination from [REDACTED] (dated 7/15/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for transforaminal epidural steroid injection at left L4 under fluoroscopic guidance:

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, which is part of the Medical Treatment Utilization 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 was injured on 5/28/99 and has experienced back pain and left leg pain. The medical records provided for review indicate that the employee has had multiple lumbar surgeries and has been treated with spinal injections and medications. The medical records note that topical analgesics provided relief of moderate-severe pain since the employee has been taken off several oral medications. The request was submitted for transforaminal epidural steroid injection (ESI) at left L4 under fluoroscopic guidance.

The MTUS Chronic Pain guidelines state repeat epidural steroid injection consideration is indicated when there is documentation of a neurological deficit involving the relevant nerves. The medical report dated 7/10/13 noted positive straight leg raise on the left at 45 degrees but no reflex, sensory, or motor deficits. In addition, MTUS Chronic Pain guidelines indicate the criteria for additional ESIs is documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. The records provided for review do not document that the epidural steroid injections performed previously met this criteria. The request for transforaminal epidural steroid injection (ESI) at left L4 under fluoroscopic guidance **is not medically necessary or appropriate.**

2) Regarding the request for Error! Reference source not found.:

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, which is part of the Medical Treatment Utilization 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 was injured on 5/28/99 and has experienced back pain and left leg pain. The medical records provided for review indicate that the employee has had multiple lumbar surgeries and has been treated with spinal injections and medications. The medical records note that topical analgesics provided relief of moderate-severe pain since the employee has been taken off several oral medications. The request was submitted for transforaminal epidural steroid injection (ESIs) at left L5 and S1 under fluoroscopic guidance.

The MTUS Chronic Pain guidelines state repeat epidural steroid injection consideration is indicated when there is documentation of a neurological deficit involving the relevant nerves. The medical report dated 7/10/13 noted positive straight leg raise on the left at 45 degrees but no reflex, sensory, or motor deficits. In addition, MTUS Chronic Pain guidelines indicate the criteria for additional ESIs is documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks. The records provided for review do not document that the epidural steroid injections performed previously met this criteria. The request for transforaminal epidural steroid injection (ESIs) at left L5 and S1 under fluoroscopic guidance **is not medically necessary or 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

/th

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.