
Notice of Independent Medical Review Determination

Dated: 9/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 4/2/1991
IMR Application Received: 7/17/2013
MAXIMUS Case Number: CM13-0001809

- 1) MAXIMUS Federal Services, Inc. has determined the request for left L5 lumbar transforaminal epidural steroid injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Skelaxin 800mg **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Vicodin 5/500mg **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 request for left L5 lumbar transforaminal epidural steroid injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Skelaxin 800mg **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Vicodin 5/500mg **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, 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:

"The patient is a 80 year old male with a date of injury of 4/2/1991. Under consideration are prospective requests for a left L5 epidural injection, Skelaxin and Vicodin. Records submitted for review indicate that the patient is being treated for low back pain with radiation to the left thigh. Recent examination findings show tenderness in the lumbar spine and sacroiliac joint with decreases sensation in the left thigh. A lumbar MRI in November 2012 revealed moderate to severe degeneration with significant canal and foraminal narrowing from L1-S1. He has been treated recently with medications and injections. The provider is requesting a left L5 injection."

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 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/2/2013)
- Medical Records from [REDACTED] (dated 7/10/12-7/1/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), pgs. 46, 63 & 74

1) Regarding the request for left L5 lumbar transforaminal epidural steroid injection:

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 (May, 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 claimant sustained a work-related injury on 04/02/1991. The medical records provided for review indicate that the employee is being treated for low back pain with radiation to the left thigh. Treatment has included medications and injections. The request is for a left L5 lumbar transforaminal epidural steroid injection (ESI).

The MTUS Chronic Pain guideline criteria for ESI states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records provided for review indicate that the employee has a long history of right-sided radiculopathy and improvement with right-sided transforaminal ESI. The MRI report of 11/21/11 did show moderate foraminal narrowing on the left side, and the medical records reviewed document paresthesias and loss of sensation within the L4 dermatome on the left, meeting guideline criteria for ESI. The request for a left L5 lumbar transforaminal epidural steroid injection **is medically necessary and 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 (May, 2009) pg. 63, 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 utilized by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and in addition, cited the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 11 of 127, which is part of MTUS.

Rationale for the Decision:

The claimant sustained a work-related injury on 04/02/1991. The medical records provided for review indicate that the employee is being treated for low back pain with radiation to the left thigh. Treatment has included medications and injections. The request is for Skelaxin 800mg.

The MTUS Chronic Pain guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic low back pain (LBP). The medical records provided for review indicate that the employee has been taking Skelaxin as needed for acute flares of muscle spasms and has used the Skelaxin sparingly since 8/2012, not as a first-line therapy. The request for Skelaxin 800mg is **medically necessary and appropriate**.

3) 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 (May, 2009) pg. 74, 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 based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 8, 11, 88-89, which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The claimant sustained a work-related injury on 04/02/1991. The medical records provided for review indicate that the employee is being treated for low back pain with radiation to the left thigh. Treatment has included medications and injections. The request is for Vicodin 5/500mg.

MTUS Chronic Pain guideline state that pain is subjective and treatment shall be provided as long as the pain persists. Clinical judgment shall be applied to determine the frequency and intensity of treatment. Moreover, satisfactory response to treatment may be indicated by a reduction in pain, and reduction in pain would imply less impeded function or improvement in function. According to the medical records reviewed the employee has been taking Vicodin as needed and has experienced pain relief, which meets guideline criteria for functional improvement. The request for Vicodin 5/500mg 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.