

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2103
Date of Injury:	2/9/2001
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002753

- 1) MAXIMUS Federal Services, Inc. has determined the request for **electrodiagnostic studies of the lower extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection under fluroscopic guidance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 **electrodiagnostic studies of the lower extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection under fluroscopic 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 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.

Expert Reviewer Case Summary:

The patient is a 62-year-old female who reported a work-related injury on 02/08/2001, specific mechanism of injury not stated. The patient presents with the following diagnoses, sleep disturbances, unspecified psychosis, failed back surgery to the lumbar spine, suicidal ideation, anxiety, myalgia and myositis, degenerative disc disease to the cervical spine, hyperlipidemia, depression, other symptoms referable to back, chronic pain syndrome, hypothyroidism, lumbago, enthesopathy of the hip region, degenerative disc disease of the lumbar spine, neck pain, drug detoxification, and sciatica. The patient has a prior history of an L2-3, L3-4, L4-5 fusion at the lumbar spine over multiple years ago. The most recent clinical note submitted for review is dated from 07/31/2013 with the patient having gone under examination under the care of Dr. [REDACTED]. The provider documents the patient continues to present with significant pain mainly to the cervical spine rated at 6/10 to 7/10 for the neck and 3/10 to 4/10 for the right low back. The provider documents the patient's current medication provides only less than 50% decrease in her symptomatology. Medication regimen included multiple medications, Lidoderm patch, docusate sodium, Nexium, Flector patch, gabapentin, orphenadrine, ropinirole hydrochloride, Viibryd, vitamins, potassium, Seroquel XR, mirtazapine, and clonazepam. The patient reports depression but denies suicidal ideation. Upon physical exam of the patient, motor strength was decreased throughout the lower extremities. Cervical spine exam reveals a mild decrease in range of motion secondary to pain. Range of motion was decreased to the lumbar spine secondary to pain. Palpation of the spine revealed tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. Motor strength was decreased throughout the lower extremities. Sensory exam revealed decreased light touch and pinprick to the distal

lower extremities, mainly the right plantar foot. The patient had positive Gaenslen's, Patrick's, and Faber's testing on the right as well as a positive straight leg raise to the right. The provider reviewed an MRI of the lumbar spine which revealed postsurgical changes with interbody fusion and pedicle screws of the L2-3 and L3-4 severe narrowing at the L4-5 interspace without nerve root impingement.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for electrodiagnostic studies of the lower extremities :

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 12, pg 303, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Procedure summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Diagnostic and Treatment Considerations, pg 303-304, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic, EMGs (electromyography) and Nerve conduction studies (NCS), which is not part of the MTUS.

Rationale for the Decision:

A review of the submitted medical records indicates the employee is status post lumbar fusion of multiple years ago, with chronic complaints of lumbar spine pain with radiation of pain, numbness, tingling, and weakness to the bilateral lower extremities, right greater than left. The previous request received an adverse determination on 07/11/2013 noting the California MTUS indicates that electrodiagnostic testing may be useful to identify subtle focal neurologic dysfunction in employees with low back symptoms that persist. In this case, per the previous adverse determination, it was noted that the employee had recent complaints and low back pain; however, an MRI had been performed. Although it did not appear that there had been a significant change in status or severe progression of symptoms which would indicate the need for additional diagnostic testing at this time. The employee presented with chronic lumbar spine pain complaints with the date of injury from 2001. A review of the multiple clinical notes submitted do not provide evidence any of the recent imaging referred to in the clinical notes such as a recent MRI of the lumbar spine. The records are unclear if the employee had previously undergone electrodiagnostic studies for

bilateral lower extremity pain complaints. A review of the clinical notes do not provide evidence that the employee presented a current significant change in condition and the clinical notes fail to provide evidence of the specific future course of treatment if further diagnostic testing was supported. **The request for electrodiagnostic studies of the lower extremities is not medically necessary or appropriate.**

2) Regarding the request for epidural steroid injection under fluroscopic guidance :

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 Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, pg 46, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination as there was limited documentation of red flags on examination or extenuating circumstances. The clinical notes evidence that the employee had previously utilized cervical epidural steroid injections with a positive response; however, documentation of duration of the response and increase in objective functionality and decreased rate of pain on a Visual Analog Scale were not evidenced. Furthermore, the current request does not specify whether or not the injections are for the cervical or lumbar spine. Of the clinical notes submitted for review, there was neither an official MRI of the cervical spine or lumbar spine submitted. The California MTUS indicates, "Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The clinical notes lacked evidence of recent active treatment modalities for pain complaints. An Agreed Medical Evaluation documented the employee was examined multiple times and was not in favor of repetitive epidural steroid injections and instead favored a detoxification program for the employee.

The request for epidural steroid injection under fluroscopic guidance

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, 18th Floor
Oakland, CA 94612

/cm

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.