

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 9/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	3/30/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002859

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 1 lumbar epidural steroid injection **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 Orthopedic Surgery 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 9, 2013.

“According to the clinical documentation, the patient is a 43-year old individual who sustained an injury on 03/30/2011. According to the Agreed Orthopedic Panel Qualified Medical Evaluator Supplemental Report dated 06/17/2013 by [REDACTED], MD, it was noted that at this time, “I find that surgical intervention is not indicated. Frequently this condition can be effectively treated with a series of carefully administered epidural injections to decrease the inflammatory process. For this reason, the patient has not reached maximum medical improvement. However, if this is not authorized or denied, the patient can then be considered to have reached maximum medical improvement.” According to the correspondence letter dated 07/03/2013 by [REDACTED], documented in Dr. [REDACTED] exam of 07/12/2012, clinical findings showed the patient with right L5 radiculopathy with weakness of the big toe extensor and decreased sensation in the area innervated by the L5 dermatome. The magnetic resonance imaging (MRI) showed a small 3 mm disc bulge at L4-5 and degenerative changes. There was no canal or foraminal stenosis at the L4-5 disc space where the L5 nerve root exits. The doctor stated that based upon their physical exam, the Dr. [REDACTED] expected the patient to have an L5 radiculopathy on the EMG study, but the patient did not. Perhaps the bulging was too small says Dr. [REDACTED]. So small that it had not been putting sufficient pressure on the L5 nerve root to cause sufficient myelin degeneration to produce a positive EMG. According to the Utilization Review Services dated 07/03/2013 by [REDACTED], recommended treatment included lumbar epidural steroid injection. The patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified. This is a review for medical necessity of the proposed lumbar epidural steroid 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
- Utilization Review Determination by [REDACTED] (7/9/13)
- California Medical Treatment Utilization Schedule (CMTUS)

\*Note: Medical records were not submitted by Claims Administrator

**1) Regarding the request for 1 lumbar 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 (2009) pg.46, which is part of the California 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 03/30/2011 and has experienced ongoing low back pain. The utilization review determination letter notes that the employee was diagnosed with unspecified thoracic or lumbosacral neuritis or radiculitis. A request was submitted for 1 lumbar epidural steroid injection.

The MTUS Chronic Pain guideline lists criteria for an epidural steroid injection. The guideline indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no medical records or imaging studies submitted to show positive radicular findings. The guideline criteria are not met. The request for 1 lumbar epidural steroid injection 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, 18<sup>th</sup> 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.