
Notice of Independent Medical Review Determination

Dated: 9/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 5/20/2003
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003018

- 1) MAXIMUS Federal Services, Inc. has determined the request for L5-S1 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 7/1/2013. 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 L5-S1 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 Physical Medicine & 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 IW is a 53 year old woman who reportedly was injured on 5/20/03 when she tripped over a rubber strip. On 10/10/11, she was status post a lumbar epidural steroid injection on 9/20/11 and had obtained over 50% relief for a few days. She was certified for a caudal epidural steroid injection on 5/16/12. On 5/20/12, pain was 6-8/10 with medications and 10/10 without. She was taking Nucynta 75 mg every 4-6 hours as needed #180 and Topamax 50 mg four times a day. On 6/19/12, she had a caudal epidural steroid injection. On 8/2/12, pain was 6/10 with medications and 10/10 without. She was on Nucynta 75 mg every 4 hours as needed #180 and Topamax 100 mg every morning and 200 mg at bedtime. On 9/14/12, pain was 6/10. She was on Nucynta 75 mg every 4 hours as needed #180 and Topamax 100 mg every morning and 300 mg at bedtime. There did not appear to be a decrease in medication use. Functional improvement does not appear to have been mentioned. On 1/25/13, she was complaining of sharp, dull, throbbing, burning, achy pins and needles in her neck, spine and low back. Pain was rated 2/10. Pain was constant and intermittent. On physical exam, she had full range of motion in all planes, full extension and flexion. An L5-S1 epidural steroid injection under fluoroscopy was requested. I hereby attest to the fact that I have the requisite scope of licensure or certification, experience and/or knowledge to conduct a review of the foregoing treatment request.”

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 7/24/13)
- Utilization Review from [REDACTED] ([REDACTED] URO)
- Medical records from 8/02/2013 through 1/25/2013
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for L5-S1 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, ESI, page 46, 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 applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the low back in a trip and fall accident on 5/20/2003. According to the submitted and reviewed medical records, the employee has been given pain medications and has had two previous epidural steroid injections. The most recent medical report dated 1/23/2013 indicated that the employee continued to have neck, spine, and low back pain, characterized as constant and intermittent. A request was submitted for an L5-S1 epidural steroid injection.

MTUS Chronic Pain Guidelines state that most current guidelines recommend no more than two epidural steroid injections and a third is rarely recommended unless objective functional improvement is documented. The submitted records do not document that at least 50% improvement was achieved previously or that there was a reduction in medication usage. Additionally, there is no documentation that radiculopathy was confirmed by electrodiagnostic studies and/or MRI. The request for L5-S1 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, 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.