
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/27/2013
Date of Injury: 10/21/2011
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0003263

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral epidural selective nerve root at L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twelve (12) post-op physical therapy visits over 16 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 bilateral epidural selective nerve root at L5 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 12 post-op physical therapy visits over 16 weeks **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 27, 2013:

This patient had a work related low back injury on 10/21/11. CT scan of the lumbar spine does not show a neurocompressive lesion. MRI of the lumbar spine does not show a neurocompressive lesion. EMG study from 4/5/13 does not show any lumbar radiculopathy. Exam at that time also did not show any focal neuro deficits.

The most recent exam/visit is from 4/13 at which time the patient noted low back pain with some pain radiating into the legs, left > right. The note states that the patient has left leg weakness and sensory changes but it is not clear if this is dermatomal in nature. Notes do indicate that the patient has had a lot of PT.

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 7/29/13)
- Utilization Review Determination from [REDACTED] (dated 6/27/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for epidural selective nerve root at L5 bilateral:

Medical Treatment Guideline(s) 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, (2004), (no chapter, section or page cited), 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 Chronic Pain Medical Treatment Guidelines, (2009), Epidural steroid injections (ESIs), pg. 46, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 10/21/11. The submitted medical records noted back pain and buttock pain. The records indicate prior treatment has included medications, physical therapy and EMG/NCV studies. A request has been submitted for bilateral epidural selective nerve root at L5.

MTUS Chronic Pain guidelines note that criteria for epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The submitted medical records dated 7/31/13 do not include a discussion of any dermatomal distribution of symptoms and no physical/neurological examination findings to support a diagnosis of radiculopathy. The records document imaging evidence for nerve compression, but without clinical examination findings and in light of a negative EMG/NCV, the diagnosis of radiculopathy or radicular pain is not supported. The requested epidural selective nerve root at L5 bilateral **is not medically necessary and appropriate.**

2) Regarding the request for 12 post-op physical therapy visits over 16 weeks:

Medical Treatment Guideline(s) 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, (2004), (chapter, section and page not cited, 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 Chronic Pain Medical Treatment Guidelines, (2009), Physical Medicine, pg. 98-99, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial injury on 10/21/11. The submitted medical records noted back pain and buttock pain. The records indicate prior treatment has included medications, physical therapy and EMG/NCV studies. A request has been submitted for 12 post-op physical therapy visits over 16 weeks.

MTUS Chronic Pain guidelines recommend 8-10 visits for unspecified myalgia, neuralgia or radiculitis. The submitted medical records show that the employee has not had surgery and no surgical consultation reports were available for

review. MTUS post-surgical guidelines would only apply if the employee had surgery defined in the Official Medical Fee Schedule with follow-up days of 90 days. The employee has already had 12 sessions of physical therapy, and the request exceeds guideline recommendations. The requested 12 post-op physical therapy visits over 16 weeks **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

/srb

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.