
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Bilateral S4 Selective Nerve Root Block **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/19/2013. 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 requested Bilateral S4 Selective Nerve Root Block **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 July 19, 2013.

“Clinical summary: DOI: 01/14/2005 DOE: 07/02/2013 Injured worker is in for follow up check up following a left L5 selective nerve root block dated 03/12/2013 and 06/25/2013, She complains of pain in the low back and left upper extremity pain. Examination shows, gait is mildly antalgic, deep palpation produces distal radiation of the pain, globally and regionally reduced range of motion was noted, she is not able to heel walk, straight leg raising test of the affected side reproduces her radicular symptoms. Claimant is currently taking in Protonix 40 mg every hour of sleep, Mobic 7.5 mg 2 times day, Gabapentin 600 mg 3 times day, Percocet 10/325 mg 1-2 tablets 3 times a day, Baclofen 10 mg every 6 hours for pain relief and muscle spasms. She has had an S4 selective nerve root block injection which gave her a 90 percent of pain relief for over 3 months. URGENT Bilateral S4 Selective Nerve Root Block was requested.”

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 by [REDACTED] (dated 7/19/13)
- Chronic Pain Medical Treatment Guidelines, pg 46, Epidural steroid injections (ESIs)

*NOTE: Medical records were not provided by the claims administrator, provider, or employee/representative.

1) Regarding the request for Bilateral S4 Selective Nerve Root Block:

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, pg 46, Epidural steroid injections (ESIs) which is part of the California Medical Treatment Utilization Schedule. 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 1/14/2005. The employee is experiencing pain in the low back and left upper extremity, and is currently taking Protonix, Mobic, Gabapentin, Percocet, and Baclofen for pain relief and muscle spasms. A request was submitted for Bilateral S4 Selective Nerve Root Block.

The Chronic Pain Medical Treatment Guidelines recommend Epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies. Medical records were not provided to verify radiculopathy or functional improvement with previous two epidurals. The request for Bilateral S4 Selective Nerve Root Block 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
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/ldh

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.



