

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: **11/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	9/10/2009
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004348

- 1) MAXIMUS Federal Services, Inc. has determined the request for **pain management with lumbar epidural steroid injection (LESI) is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox 550mg #90 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 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **pain management with lumbar epidural steroid injection (LESI)** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox 550mg #90** 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 60-year-old female who reported a work-related injury as a result of cumulative trauma on 09/10/2009. The patient subsequently presents for treatment for the following diagnoses: chronic neck pain, degenerative joint disease cervical spine, cervical disc herniations multilevel, cervical radiculopathy, bilateral shoulder strains, rule out sternoclavicular dislocation right shoulder, bilateral elbow lateral epicondylitis, clinical carpal tunnel syndrome, bilateral CMC joint arthrosis, chronic low back pain, degenerative disc disease lumbar spine, herniated disc lumbar spine, bilateral knee patellofemoral pain syndrome, and radiculopathy of the right lower extremity. The clinical note dated 06/07/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient is presenting reporting increased shooting pain down the right lower extremity into the toes from the lumbar spine. Additionally, the patient reports cervical spine pain complaints with radiation of pain to the bilateral upper extremities. The provider documented upon physical exam of the patient, reflexes were noted to be 2+ throughout the bilateral upper extremities and bilateral lower extremities. The patient's gait was within normal limits. The patient had 5/5 motor strength noted throughout the bilateral upper extremities and bilateral lower extremities. The provider documented range of motion of the lumbar spine to be at 30 degrees of forward flexion and 10 degrees of extension with pain elicited. The patient had negative straight leg raise bilaterally. The patient reported subjective complaints of diminished sensation at the L4 nerve distribution of the right lower extremity. The provider documented the patient was recommended for bilateral CMC joint resection arthroplasty, as well as Synvisc injections at the bilateral CMC joints, pain management consultation with possible lumbar epidural steroid injections, and the patient was

rendered prescription and dispensation of Anaprox 550 mg to be utilized 1 by mouth 3 times a day for her pain complaints.

**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 and Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for pain management with lumbar epidural steroid injection (LESI):**

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 CA 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:

Chronic Pain Medical Treatment Guidelines indicate “Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” The employee had no motor or neurological deficits evidenced upon physical exam. Currently, there was no official imaging submitted for review evidencing any pathology to the employee’s lumbar spine. However, the previous peer reviewer documented MRI of the lumbar spine revealed minimal abnormalities. The clinical notes lack evidence of the employee presenting with true lumbar radiculopathy. The guideline criteria have not been met. **The request for pain management with lumbar epidural steroid injection (LESI) is not medically necessary and appropriate.**

**2) Regarding the request for Anaprox 550mg #90:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), pg. 68, which is part of the MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/12/2013 due to chronic use of anti-inflammatories is not appropriate. In addition, there was no documentation of the employee's reports of efficacy with this medication. The previous peer reviewer documented the employee's use of this medication will either lead to dependency issues and organ complications. The clinical notes continue to lack reports of efficacy with current medication regimen including the utilization of Anaprox 550 mg 1 by mouth 3 times a day for pain complaints. Chronic Pain Medical Treatment Guidelines indicate "the dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesics/anti-inflammatory activity is required for up to 6 months." Guidelines also state NSAIDs are recommended for short-term symptomatic relief. The guideline criteria have not been met. **The request for Anaprox 550mg #90 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/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.