

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	2/15/2013
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004497

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lumbar epidural steroid injection at L5-S1 **is 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 a lumbar epidural steroid injection at L5-S1 **is 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 Preventive Medicine and Occupational Medicine 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 applicant, Mr. [REDACTED], is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 15, 2013.

Thus far, he has been treated with the following: Analgesic medications; work restrictions; at least six sessions of acupuncture to date; unspecified amounts of physical therapy and chiropractic manipulative therapy; and work restrictions work.

The applicant, it is incidentally noted, has been terminated by his former employer.

He apparently had a lumbar MRI establishing the presence of spondylolisthesis with neuroforaminal encroachment at L5-S1.

The most recent progress report of June 28, 2013, is notable for complaints of ongoing low back pain radiating down the right leg to the foot. The applicant exhibits reportedly normal motor functional about the lower extremities with normal sensorium also appreciated about the same. Recommendations are made for the applicant to pursue a first 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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a lumbar epidural steroid injection at L5-S1:

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 , page 300 and the Chronic Pain Medical Treatment Guidelines, page 46, which are part of the MTUS, and AMA Guides (Radiculopathy), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 300, which is part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 12, table 12-8, epidural steroid injections can be employed for radicular pain, in those individuals who wish to avoid surgery. The medical records reviewed indicate evidence of radicular pain and the request seems to represent this would be the first epidural steroid injection. **The request for a lumbar epidural steroid injection at L5-S1 is 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, 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.