MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **12/13/2013**

Employee:	
Claim Number:	
Date of UR Decision:	7/5/2013
Date of Injury:	1/5/2012
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004774

1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural steroid injection (ESI) at L5-S1** 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 7/5/2013. 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 **lumbar epidural steroid injection (ESI) at L5-S1** 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 43-year-old male who reported a work-related injury on 01/05/2012; specific mechanism of injury was train to the lumbar spine. The patient presents with complaints of lumbar spine pain. MRI of the lumbar spine dated 02/07/2012, signed by Dr. [redacted], revealed (1) a left eccentric broad-based disc protrusion/bulge at the L5-S1, possibly abutting the adjacent S1 nerve roots sin the axillary recesses without definite neuropathic impingement. (2) Mild bilateral L5-S1 foraminal narrowing without impingement on the L5 nerve roots. (3) Tiny, right posterolateral disc protrusion/bulge and broad-based annular bulge at L4-5 without neuropathic impingement was evidenced. A clinical note dated 11/29/2012 reports the patient was seen for follow-up under the care of Dr. [redacted]. The provider documents the patient was status post right transforaminal lumbar epidural steroid injection at the L5-S1 as of 11/14/2012. The provider documented the patient reported, “is not helping as of yet per patient.” The clinical note dated 05/23/2013 reported the patient was seen for follow-up under the care of Dr. [redacted] for his lumbar spine pain complaints. The provider documents the patient reports his quality of sleep is poor. Activity level had remained the same. The patient reports utilizing his medications as prescribed and that the medications are working well. The patient utilizes Norco 10/325 one by mouth 3 times a day, Neurontin 300 mg 1 by mouth 3 times a day, and naproxen 500 mg 1 by mouth twice a day. The provider documented upon physical exam of the patient an antalgic gait was noted. Range of motion of the lumbar spine was restricted with flexion limited to 85 degrees by pain. All fields of range of motion were limited secondary to pain. The provider documented straight leg raise was negative bilaterally. Facet loading was positive bilaterally to the lumbar spine. Ankle jerk was 0/4 on the right side, 1/4 on the left side, and patellar jerk was 1/4 bilaterally. The provider documented the patient had 5/5 motor strength noted throughout with exception of the right EHL evidenced at 4/5. Sensation to light touch was decreased over the lateral calf on the right. The patient reported increased pain to his low back with radiation to the right lower extremity. The provider

documented the patient had rendered an appeal for previously denied request for lumbar epidural steroid injection at the L5-S1 level.

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 lumbar epidural steroid injection (ESI) 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 the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection (ESIs), pg. 46, and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, Pg. 300, which are part of the MTUS, and the Official Disability Guidelines, Low Back, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection (ESIs), pg. 46, which is part of the MTUS.

Rationale for the Decision:
Medical records submitted and reviewed indicate there was no evidence of greater than 50% pain relief for 6 to 8 weeks coupled with objective functional improvement and reduction in medication utilization. Therefore, repeating the injections was not supported. Again, the clinical notes continue to lack evidence of the employee reporting positive 6-week efficacy with prior injection of the right L5-S1 in 11/2012. In fact, the clinical notes evidence 2 weeks status post the injection the employee reported lack of efficacy of treatment. Chronic Pain Medical Treatment Guidelines indicate "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year." **The request for lumbar epidural steroid injection (ESI) at L5-S1 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, 18th 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.