

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	4/21/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005200

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical epidural steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar epidural steroid injection **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 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 cervical epidural steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar epidural steroid injection **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:

According to the IME by Dr. [REDACTED] on 7/14/13, claimant is a 58 yo male with an chainsaw laceration injury to the left leg. Patient was seen for complaints of left leg and foot pain. On physical examination, patient had full range of motion in the cervical spine with normal neuro exam in the upper extremities. Lumbar spine showed limited range of motion with no pain with range of motion. SLR was negative. Left leg sensory showed decreased sensory in the left second toe extending to the ankle joint. Reflexes were normal. Toe stance was difficult on the left as compared to the right, but heel stance was normal. Lower part of the left leg was visibly smaller than the right.

MRI of lumbar spine showed DDD at L5/S1 with 3mm disc protrusion. Dr. [REDACTED] opined on 3/2/12 that the claimant had compression of the peroneal nerve as a result of laceration.

There is no cervical MRI in the medical record for review.

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 cervical epidural steroid injection :

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 California Chronic Pain MTUS, Epidural steroid injections (ESIs), and ACOEM Guidelines, page 309, which are part of MTUS, as well as ASIPP Guidelines, and the Official Disability Guidelines (ODG), Epidural steroid injections, which are not part of MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pg. 46 which is part of MTUS.

Rationale for the Decision:

MTUS guideline criteria for cervical epidural steroid injections require evidence of cervical radiculopathy. The records provided for review do not document evidence of cervical radiculopathy to meet the criteria in the guidelines for epidural steroid injection. The request for cervical epidural steroid injection is not medically necessary and appropriate.

2) Regarding the request for lumbar epidural steroid injection:

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 California Chronic Pain MTUS, Epidural steroid injections (ESIs), and ACOEM Guidelines, page 309, which are part of MTUS, as well as ASIPP Guidelines, and the Official Disability Guidelines (ODG), Epidural steroid injections, which are not part of MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pg. 46 which is part of MTUS.

Rationale for the Decision:

MTUS guideline criteria for cervical epidural steroid injections require evidence of cervical radiculopathy. The records provided for review indicate no evidence of lumbar radiculopathy. The documented lower leg neuro deficits are due to a peroneal nerve injury. The request for lumbar epidural steroid injection **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

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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.