

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	10/9/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005212

- 1) MAXIMUS Federal Services, Inc. has determined the request for **epidural steroid injection or selective nerve block at L2-3 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 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 **epidural steroid injection or selective nerve block at L2-3 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 58-year-old male who reported an injury on 10/09/2011. Agreed Medical Evaluation dated 08/29/2012 concluded that the patient had not reached maximum medical improvement. It was recommended that the patient see a cardiologist for elevated blood pressure and left-sided chest pain, a pulmonologist for his asthmatic bronchitis, and a gastroenterologist for difficulty swallowing and symptoms of Gastroesophageal reflux disease (GERD). The clinical note dated 09/24/2012 stated that the patient had continued moderate constant pain with limited activities. Physical findings included decreased range of motion and a negative straight leg raising test. It was noted that the patient was prescribed Vicodin and Celebrex. Orthopedic surgery spinal consultation dated 11/15/2012 noted that the patient had cervical spine pain rated at 7/10 to 8/10 radiating into the shoulders and hands. Physical findings included lumbar range of motion described as 60 degrees in flexion, 20 degrees in extension, 20 degrees in right and left bending. Examination of the lower extremities revealed full range of motion bilaterally with muscle strength testing rated at 5/5 bilaterally and normal sensation to light touch and pinprick throughout both bilateral lower extremities. Examination of the cervical spine revealed range of motion described as 60 degrees in flexion, 40 degrees in extension, 60 degrees in right and left rotation, and 20 degrees in right and left tilting with no tenderness in the cervical or shoulder regions, a negative head axial compression test, and a negative arm abduction radicular test. On 05/14/2013, it was determined that the patient had a 47% whole person impairment rating. Agreed Medical Re-Examination Form on 05/14/2013 revealed that the patient continued to have cervical spine pain that radiated into the bilateral upper extremities and low back pain that radiated into the bilateral posterior lower extremities. It is noted that the patient had an MRI on 06/20/2012 that revealed disc protrusions at the L2-3, L4-5 and L5-S1 with no specific nerve root impingement.

It is also noted that the patient received an epidural steroid injection on 04/16/2012 and a cervical epidural steroid injection on 04/20/2012. It was documented that the patient continued to have a 47% whole person impairment rating. Primary treating physician's progress report dated 05/29/2013 stated that the patient was admitted to the hospital for pain control due to intractable low back pain. Upon hospital admission on 05/29/2013, the patient received an MRI that revealed there was a paracentral disc protrusion causing moderate distortion of the left thecal sac at the L3-4, L4-5, L5-S1 with mild foraminal stenosis at all of those levels. It was noted that the patient was experiencing 10/10 low back pain that was non-responsive to medications. The patient was administered IV steroids and prescribed Valium 5 mg every 6 hours and Nucynta 50 mg every 4 hours or as needed for pain. The patient was discharged from the hospital on 05/31/2013 with instructions to followup with the patient's primary care physician. Primary treating physician's report dated 06/11/2013 indicated that the patient was scheduled for a lumbar epidural steroid injection. The patient complained of lower back pain radiating into the left leg causing numbness and weakness and pain rated at 8/10. Physical findings included positive left straight leg raising exam with diminished pinwheel sensation over the medial calf and lateral thigh. Range of motion was limited secondary to pain. An epidural steroid injection was recommended. Progress report dated 06/19/2013 indicated that the patient had an L5-S1 ESI on 04/16/2012 that provided excellent relief for several days. Physical findings included tenderness to palpation in the lumbosacral junction with limited range of motion in extension and flexion due to pain. The patient had a positive straight leg raising test on the left with muscle strength rated at 4/5 at the hip flexors and knee. Deep tendon reflexes were decreased at the quadriceps femoris and there was decreased sensation to light touch in the left leg. A left L3-4 epidural steroid injection was requested and an L4-5 caudal ESI was requested. It was noted that the patient was participating in a home exercise program without relief.

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 epidural steroid injection or selective nerve block at L2-3:

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 Injections (ESI), page 46, which is part of the MTUS, Low Back Complaints, (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, page 300, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Section, Epidural Steroid Injections, which is not part of the MTUS.

The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI), page 46, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines do recommend Epidural Steroid Injections for patients with radicular finding that are corroborated by diagnostic studies and are non-responsive to conservative treatment. There is documentation of radicular symptoms corroborated by an imaging study that have been nonresponsive to a home exercise program and medication. The clinical documentation submitted for review provides evidence that the employee had previously received an ESI at the L5-S1 level with minimal relief. The clinical documentation submitted for review does provide evidence that the employee was certified for a left L3-4, and L4-5 caudal catheter guided ESI. The clinical documentation submitted for review does not provide evidence that the employee has received this previously approved procedure. As such, the efficacy of that procedure cannot be determined and further treatment cannot be supported. The request for epidural steroid injection or selective nerve block at left L2-3 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

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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.