

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	10/12/1983
IMR Application Received:	8/2/2012
MAXIMUS Case Number:	CM13-0006417

- 1) MAXIMUS Federal Services, Inc. has determined the request for lumbar epidural steroid injection L3 (bilateral) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 L3 (bilateral) **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 68-yr female with DOI: 10/12/1983.

MRI Lumbar on 06/03/2010 indicated L3-4 disc bulging and degenerative facet hypertrophy resulting in severe central stenosis and bilateral foraminal stenosis.

The patient underwent a left and right L4 transforaminal epidural steroid injection on 06/25/2010. The clinical note dated 08/18/2010 indicated the patient received 70% of pain relief from the previous epidural injection. The patient was noted to have 5/5 strength in his lower extremities. The patient was recommended to have injections on an as needed basis. The clinical note dated 11/02/2011 indicated the patient had complaints of low back and bilateral leg pain. The patient was noted to have "relatively well preserved lumbar range of motion". The patient had no significant pain to palpation of the lumbar spine. The patient had 5/5 strength in the lower extremities bilaterally. Reflexes are symmetric sensation to light touch is grossly intact

MRI showed At: L3-4 there is a large diffuse disc bulge that flattens the ventral thecal sac and encroaches upon both neural foramina. There is advanced bilateral degenerative facet hypertrophy. There is severe central stenosis and moderate right and mild to moderate left foraminal stenosis.

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 L3 (bilateral) :

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 ACOEM Guidelines, ASIPP Guideline, and Chronic Pain Treatment Guidelines MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections: page 46, which is part of MTUS.

Rationale for the Decision:

There was no documentation of functional improvement from the previous epidural injection except that the employee had 70% pain relief. Even though MRI showed evidence of spinal and foraminal stenosis, there was no evidence of clinical radiculopathy on examination. **The request for lumbar epidural steroid injection L3 (Bilateral) 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

/sm

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.