

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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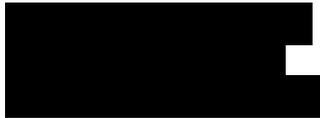
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**Notice of Independent Medical Review Determination**

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Dated: 11/12/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	3/9/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006868

- 1) MAXIMUS Federal Services, Inc. has determined the request for one right lumbar transforaminal epidural steroid injection at L5 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/17/2012. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 one right lumbar transforaminal epidural steroid injection at L5 **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:**

This patient is a 52-year-old female who reported an injury on 03/09/2012. Per the documentation submitted for review, the patient has an ongoing history of low back pain with radiating symptoms into the right leg, with weakness noted in an L4 and L5 myotomal distribution. Notes indicate that the patient underwent MRI of the lumbar spine on 04/02/2012 which showed multilevel degenerative disc and joint disease with the areas of worst pathology appearing to be L5-S1 where the patient had significant posterior elemental hypertrophy and some disc bulging causing moderate to severe right neural foraminal stenosis at that level. At L4-5, the patient had a far right posterolateral disc protrusion causing significant neural foraminal stenosis at that level. Notes indicate prior history of conservative treatment with a home exercise program as well as medication management to include ibuprofen 800 mg, Lidoderm patches, Nexium 20 mg, Soma 350 mg, and Lortab 7.5/500 mg. Physical examination of the patient most recently on 08/08/2013 noted lumbosacral paraspinal region tenderness on the right with palpation and some restriction in both flexion and extension secondary to pain with rotation and side bending appearing to be intact. The patient's neurological examination was noted to appear relatively unchanged from her first visit where the patient continued to show weakness of the right dorsiflexor and extensor hallucis longus rated at 4/5 to 4+/5. Notes also reveal a prior lumbar epidural steroid injection was undertaken on 10/26/2012 with the patient reporting only 1 day of 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 one right lumbar transforaminal epidural steroid injection at L5:

#### 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, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural Steroid Injections, pg. 46, which is part of the MTUS.

#### Rationale for the Decision:

The California MTUS Guidelines indicate in the criteria for epidural steroid injections that radiculopathy must be documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the patient should be initial unresponsive to conservative treatments which include exercises, physical methods, NSAIDs, and muscle relaxants. Additionally, the guidelines indicate that 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 a period of 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. After a review of the medical records provided, the employee last underwent injection per clinical notes on 10/12/2012 which provided the employee with only 1 day of relief. Furthermore, there was no quantified measurement of pain relief supplied for the employee following injection and there is no indication of associated reduction of medication use. Furthermore, given that the employee achieved only 1 day of relief, guidelines are not met for repeat injections as the employee did not have sustained relief for a period of 6 to 8 weeks. Additionally, the documentation submitted for review indicates that the employee currently received significant benefit from the medication regimen which allows the employee to progressively walk longer distances in an attempt to strengthen the back, and which allows the employee to be able to get out of bed each morning, dress, and complete tasks such as cooking of meals, grocery shopping, and basic household chores to include vacuuming, cleaning, and self care. The employee indicated on examination that without the medications, the employee would be able to complete none of these functional activities and would likely only be able to remain in bed most of the day and not function in any kind of capacity. Based on the documentation submitted for review and the recommendation of the guidelines, **the request for 1 right lumbar transforaminal epidural steroid injection at L5 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, 18<sup>th</sup> 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.