

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/7/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	6/15/2010
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007979

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar ESI bilateral L4-L5 and L5-S1 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 ESI bilateral L4-L5 and 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 36 Y, M with a date of injury 6/15/10. The patient's diagnoses include: lumbar radiculopathy; thoracic neuralgia; lumbosacral sprain/strain; and chronic sleep disturbance secondary to chronic pain. Lumbar MRI dated 10/17/11 showed multilevel mild bilateral facet arthropathy noted from L1-L2 through L5-S1 with mild inferior foraminal narrowing identified bilaterally at L4-5 and L5-S1. Lumbar MRI dated 3/14/12 showed bilateral neuroforaminal narrowing and multiple disc protrusions at L3-4, L4-5 and L5-S1. The pain management progress report dated 2/24/12 by Dr. [REDACTED], noted that the patient had exhausted all conservative treatments including physical therapy, chiropractic and home exercise program. Dr. [REDACTED] noted on the 6/6/13 progress report that the patient had received 70% pain relief and improved overall function from a previous epidural steroid injection. The amount of time the patient had relief of radicular symptoms was not documented. The neurosurgical evaluation report dated 8/20/13 by Dr. [REDACTED], MD noted that the patient had a thoracic ESI 6 months prior and a lumbar ESI over a year ago. It was noted that the patient had positive straight leg raise bilaterally. Dr. [REDACTED] opined that the patient may benefit from a trial of lumbar epidural injections and/or lumbar nerve root blocks. The patient wished to proceed with injections as opposed to surgery.

### **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 ESI bilateral L4-L5 and 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 (2009), Epidural steroid injections (ESIs), Page 46, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, ESI's, chronic pain section: Page 46-47, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The medical records indicate that the employee suffers from bilateral radiculopathy with lumbar MRI findings of bilateral neuroforaminal narrowing at L3-4, L4-5 and L5-S1. The pain management progress report noted that the employee had exhausted all conservative treatments including physical therapy, chiropractic and home exercise program. Chronic Pain Medical Treatment Guidelines indicate "No more than two nerve root levels should be injected using transforaminal blocks" and the request is asking for 4 levels, 2 on each side. Repeat ESI may be indicated but the request for bilateral transforaminal injections at L4-5 and L5-S1 exceeds what is allowed by MTUS. **The request for lumbar ESI bilateral L4-L5 and 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, 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.