

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

8/6/2012

8/6/2013

CM13-0008035

- 1) MAXIMUS Federal Services, Inc. has determined the request for epidural injection left L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for facet blocks 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 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 injection left L5-S1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for facet blocks L5-S1 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Occupational Medicine 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013

New patient consultation report dated 05/16/13 indicates that on 08/06/12 while applying plaster overhead with the right arm, the claimant felt a pop in the shoulder which resulted in right shoulder pain, neck pain, low back pain and bilateral leg pain. Currently, the claimant complains of constant pain in the lumbar spine rated 9/10 and states that it gets no better than 9/10. The pain is to the lumbar region and radiates down both of the legs down to the heels with intermittent pain and burning. The claimant states that the only treatment that the claimant has had for the lumbar spine was the chiropractor would click some type of machine down the back but no adjustment and no soft tissue work. The claimant also complains of pain in the neck, right shoulder and thoracic spine rated 8/10. The claimant underwent clavicle resection, a right shoulder arthroscopy with extensive debridement and distal clavicle excision on 03/15/13. Examination of the lumbar spine reveals tenderness with spasm and guarding with direct palpation through the para lumbar muscles that appears to be out of proportion to the injury. Straight leg raise bilaterally is equivocal. Range of motion in forward flexion is two feet hands to the floor; extension is 20 degrees, and lateral bending to the left and right 30 degrees. There is 4/5 muscle

strength at the right ankle dorsiflexors. The provider recommends MRI of the lumbar spine and MRI with arthrogram of the right shoulder. The claimant is placed on modified duties.

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 for Independent Medical Review (received 8/6/13)
- Utilization Review Determination from [REDACTED] (dated 7/16/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request epidural injection left L5-S1 :

Medical Treatment Guideline(s) 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, which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Low Back procedure summary, which is not a part of the MTUS.

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

Rationale for the Decision:

MTUS Chronic Pain Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). According to the medical records provided for review there are no documented dermatomal distribution of pain, weaknesses or reflexes and findings of radiculopathy. Also they are not corroborated by imaging or electrodiagnostic studies. Additionally, the medical records indicate that the employee has low back pain, stating the pain radiates down both legs to the heels. The medical records indicate that the employee states there is numbness and burning. There is no specific weakness on exam or specific dermatomal loss of sensation documented. **The request for epidural injection left L5-S1 is not medically necessary and appropriate.**

2) Regarding the request for facet blocks L5-S1 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Pain procedure summary, Low Back procedure summary, which is not a part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) 2nd edition, chapter 12 on low back complaints, pg. 300, which is part of MTUS.

Rationale for the Decision:

CA MTUS references ACOEM for low back conditions. Page 300 of ACOEM states that invasive techniques such as facet blocks are of questionable merit. There is no documented evidence of facet joint mediated pain in the records given. There was no facet joint loading test. And there is no imaging studies in the records given showing facet joint disease. As ACOEM states facet joint injections are of questionable merit, and there is no documented evidence of facet joint disease. **The request for facet joint blocks at L5-S1 are 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

/mbg

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.