

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	10/10/2001
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008626

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ESI Lumbar** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 **ESI Lumbar 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 Anesthesiologist, has a subspecialty in Pain 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.

Expert Reviewer Case Summary:

The employee is a 62-year-old male who reported an injury on 10/10/2001 due to lifting parts, causing a pop in his back. The employee underwent lumbar decompression at the L5-S1 and fusion from the L3 to the sacrum. The employee underwent aquatic therapy postsurgically. The employee had continued complaints of chronic low back pain that was being managed by medications. Physical findings included tenderness to the L4-5 levels, decreased range of motion of the lumbar spine, an abnormal sensory exam, abnormal weakness of the thigh and calf, and reduced deep tendon reflexes of the knee with a positive straight leg raising test. The employee's diagnosis included chronic low back pain. The employee's treatment plan included continued medication usage and epidural steroid injections.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for ESI Lumbar:

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 is part of the MTUS.

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

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that epidural steroid injections for employees with radiculopathy symptoms that are non-responsive to conservative measures and pathology is corroborated by imaging studies. According to the medical records provided for review did not contain an updated MRI status post the employee's surgical fusion. Additionally, physical findings were inconclusive to identify at what level the employee's radicular findings were generated from. As the physical findings do not clearly identify pathology and there are no recent imaging studies to provide evidence of radiculopathy that would be responsive to this treatment modality. **The request for ESI Lumbar 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.