

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	5/11/2012
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008886

- 1) MAXIMUS Federal Services, Inc. has determined the request for **repeat epidural steroid injection-lumbar transforaminal epidural steroid injection bilateral L3, L5, S1** 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 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. 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 **repeat epidural steroid injection-lumbar transforaminal epidural steroid injection bilateral L3,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 46-year-old male with an occupational injury sustained while assisting a patient on 05/11/2012. The patient's most recent evaluation on 07/15/2013 indicates the patient complains of low back pain rated as 6/10 that radiates to his bilateral calves. An MRI of the lumbar spine was performed which demonstrated revealed transitional lumbosacral vertebral body designated as a sacralized L5, 4 mm left foraminal disc protrusion at L2-L3 with mild effacement of left L2 nerve root and a 4 mm left foraminal disc protrusion and annular fissure with moderate left foraminal stenosis at L4-L5 and mild effacement of the L4 nerve root. Lower extremity electrodiagnostic studies were interpreted as highly suggestive of left S1 radiculopathy and bilateral peroneal motor neuropathies were noted. Documented treatment to date has included medications, physical therapy, TENS unit, and transforaminal epidural steroid injection bilaterally at L3, L5, and S1 on 06/03/2013. Diagnoses include lumbar disc injury, lumbar facet arthralgia and left more than right S1 radiculopathy.

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 repeat epidural steroid injection-lumbar transforaminal epidural steroid injection bilateral L3, 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: Criteria for Epidural steroid injections, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Epidural Steroid Injections, pg. 45, which is a part of the MTUS.

Rationale for the Decision:

The California MTUS indicates that criteria for repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. As the request is written, epidural steroid injections are to be performed at the L3, L5, and S1 levels. However, the California MTUS indicates that no more than 2 nerve root levels should be injected using transforaminal blocks. After a review of the medical records provided for review, while the employee does display both subjective and objective signs of back pain and radiculopathy in addition to corroborating MRI/electrodiagnostic studies, this request is not supported secondary to the lack of documentation of pain and functional improvement including at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks from the employee's last set of epidural steroid injections in addition to the request being outside of guideline recommendations for no more than 2 nerve root levels being injected at 1 time.

The request for repeat epidural steroid injection-lumbar transforaminal epidural steroid injection bilateral L3, 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, 18th Floor
Oakland, CA 94612

/pr

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.