

**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	1/31/2012
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009812

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient lumbar epidural steroid injection (LESI) at left L5-S1 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/9/2013. 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 **outpatient lumbar epidural steroid injection (LESI) at left 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, has a subspecialty in Pain Management 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 female with a date of injury of January 31, 2012. The mechanism of injury is reportedly moving heavy boxes. A Utilization Review (UR) determination dated July 10, 2013 recommends non-certification of lumbar epidural steroid injection at left L5-S1. An electromyography dated January 4, 2013 identifies physical examination findings of motor strength at 5-/5 to manual testing of both legs. Sitting straight leg raise is negative on the right and causes back pain on the left. Sensation is symmetric to pinwheel over the legs, but not particularly sharp. The test goes on to identify acute and chronic neuropathic changes in the left L5 myotome consistent with a left L5 radiculopathy. The most recent progress report available for review is dated June 21, 2013 by Tracet Delnero, PA-C. Subjective complaints include reports of continued low back pain and bilateral leg pain with associated paresthesias down both legs. She reports that the pain is constantly 6/10 on the pain scale. Physical exam revealed paraspinal muscle spasms T10-L4 more on the left side than the right; bilateral sacroiliac joint and tenderness to palpation at the iliac crest. Diagnoses include lumbago, degeneration of lumbar or lumbosacral intervertebral thoracic or lumbosacral neuritis or radiculitis, and sciatica. The treatment plan recommends continuing medications with some changes and a urine toxicology screening.

**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 outpatient lumbar epidural steroid injection (LESI) at left L5-S1:****The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), page 46, which is a part of MTUS.

**Rationale for the Decision:**

Regarding the request for lumbar epidural injection, the guidelines recommend documentation of positive physical exam findings, failure of conservative treatment, and corroborating imaging or electrodiagnostic studies. Within the documentation available for review, there is no recent documentation of physical examination findings supporting a diagnosis of radiculopathy. **The request for an outpatient lumbar epidural steroid injection (LESI) at left 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  
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Oakland, CA 94612

/dso

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.