

**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:	7/23/2013
Date of Injury:	3/23/2011
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009378

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right transforaminal L4-5 epidural steroid injection (ESI) is 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 7/23/2013. 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 **right transforaminal L4-5 epidural steroid injection (ESI) is 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 Orthopedic Surgery, 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 is a 38-year-old gentleman who reportedly suffered a vocationally related injury on 07/16/13 and continues to complain of a combination of back and right lower extremity pain. His physical examination does not reveal objective evidence of neurologic impairment to the extent that he has normal reflexes, sensory, and motor examination. That said his treating physician describes complaints of "sciatica" that appear, at least by history, to be in a nerve root distribution. His imaging studies included an MRI scan from November of 2012 which reveals evidence of moderate neural foraminal stenosis to the right at L5-S1. He has had EMGs performed in January 2013 consistent with that of a chronic right sided L5-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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for right transforaminal L4-5 epidural steroid injection (ESI) :**

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 Guidelines, page 46, which is a part of the MTUS.

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

Rationale for the Decision:

ACOEM guidelines indicate that diagnostic epidural steroid injections can be considered of value. They can be considered in an effort to determine the level of radicular leg pain; specifically when the diagnosis is in question. A review of the records indicates, that in this particular case, the employee has sufficient findings on imaging and EMGs to strongly raise suspicions of right lower extremity radiculopathy that is consistent with clinical complaints and as such an epidural steroid injection would prove valuable in this particular case, not only from a diagnostic standpoint but also potentially from a therapeutic endeavor.

**The request for a right transforaminal L4-5 epidural steroid injection (ESI) is 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.