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## Independent Medical Review Final Determination Letter

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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0023989	<b>Date of Injury:</b>	05/21/2010
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
LUMBAR SELECTIVE NERVE ROOT BLOCK AT L4-5 ON THE RIGHT			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine, apparently notable for a large 9 mm disc herniation at L4-L5; attorney representation; electrodiagnostic testing of January 18, 2012, apparently notable for right L5-S1 radiculopathy; one prior epidural steroid injection; and apparent return to alternate employment.

While the applicant was terminated by his former employer, he has apparently found alternate work in a self-employed capacity. The applicant is now self-employed, it has been stated

In a utilization review report of August 15, 2013, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney appealed, on September 9, 2013.

A later note of October 8, 2013 is notable for comments the applicant has been terminated. The applicant has electrodiagnostically and radiographically confirmed radiculopathy, it is noted, with ongoing symptoms of low back pain radiating to the right leg. The applicant is walking with a limp. Straight leg raising is positive, it is stated. It is stated that the applicant is now self-employed.

In an earlier July 2, 2013 note, the attending provider states that the applicant may be getting a delayed benefit from the epidural. The applicant's disc herniation has diminished by half, it is stated. Thus, it appears that the applicant responded favorably to the one prior epidural steroid injection.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. Right lumbar selective nerve root block at L4-L5 is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, page 300 and table 12-8, and the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, which are part of the MTUS.

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

The Physician Reviewer's decision rationale:

As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, corroborated by imaging studies and/or electrodiagnostic testing. In this case, the applicant does have radiographically confirmed, clinically evident, and electrodiagnostically corroborated radiculopathy of the lumbar spine. He did have a seemingly favorable response to the first epidural steroid injection. He has returned to some form of self-employed work. The attending provider has speculated that the applicant may have gotten delayed benefit from the epidural in terms of reduction in the size of the disc herniation. Thus, on balance, there is seemingly evidence of functional improvement effected through the one prior lumbar epidural steroid injection. The applicant does have electrodiagnostically confirmed and clinically persistent lumbar radiculopathy. A repeat selective nerve root block/lumbar epidural steroid injection is indicated in this context. Therefore, the original utilization decision is overturned. The request is certified, on independent medical review.

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.

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