

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the cervical epidural steroid injection at C-4-5 requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/29/2013 disputing the Utilization Review Denial dated 4/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 cervical epidural steroid injection at C-4-5 requested **is not medically necessary and appropriate.**

### Medical Qualifications of the Professional 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 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 professional 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 18, 2013.

“This 50 year-old female had an underlying date of injury of 2/20/13. The mechanism of injury was not provided. The patient’s diagnosis was a contusion of the face/scalp/neck. This patient had reported neck and right upper extremity pain and had been noted to have increased muscle tone and diffuse tenderness on exam with a positive right Spurling’s test. The patient had been noted to have mild altered sensation on the right side of the arm, although not clearly in a specific nerve root distribution. An MRI of the cervical spine, dated 2/25/13, demonstrated protrusions at C4, C5, and C6 with moderate cervical muscle spasm. No electrodiagnostic report was available.”

### 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 for Independent Medical Review dated 4/29/2013.
- Utilization Review Determination provided by [REDACTED] dated 4/18/2013.
- Medical Records provided by [REDACTED] dated 2/23/2013.
- Medical Records provided by [REDACTED] dated 2/21/2013 through 4/05/2013
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2<sup>nd</sup> Edition, 2004, Epidural Injections, pages 174-175

## 1) Regarding the request for cervical epidural steroid injection at C-4-5:

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Epidural Injections, pages 174-175 and Chronic Pain Medical Treatment Guidelines (2009), Epidural Steroid Injections (Page 46), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the Chronic Pain Medical Treatment Guidelines section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The patient experienced a contusion of the face/scalp/neck on 2/20/2013. The most recent medical record provided, dated 4/5/2013, shows the injured worker continues to have significant cervical spine pain with radiation into the bilateral upper extremities. Progress notes submitted indicate that the pain is worse in the right upper extremity compared to the left upper extremity. The employee has attempted conservative therapy with non-steroidal anti-inflammatory medications, anti-spasticity medications, and physical therapy. The pain persists despite these conservative measures. A right-sided Spurling's test is positive. The employee is feeling pain and tenderness in the cervical spinal region. Mild altered sensation and strength on the right side of the arm is noted.

The Chronic Pain Medical Treatment Guidelines (2009), Epidural Steroid Injections section (Page 46), of the MTUS indicates a requirement for epidural steroid injections is "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For this employee, the original radiologist report of the cervical magnetic resonance imaging (MRI) is not available. There is documentation of cervical disk herniation at C5-6 and moderate central canal stenosis in progress note dated 3/1/2013.

The neurological examination documented does not demonstrate a sensory deficit along a particular dermatomal or myotomal distribution. The original radiology report of the cervical MRI was not submitted. The Chronic Pain Medical Treatment Guidelines section of the MTUS specifies that physical exam findings must be corroborated by objective studies including MRI or electric diagnostic testing. Given that this physical examination does not clearly demonstrate a particular cervical radiculopathy in a given nerve root distribution, and the fact that objective imaging studies are not available for review, the requested cervical epidural steroid injection at C-4-5 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,

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.