

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 requested two (2) cervical epidural blocks **are not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/25/2013 disputing the Utilization Review Denial dated 6/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/26/2013. 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 requested two (2) cervical epidural blocks **are 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 Internal 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 June 12, 2013.

"The patient is a 55-year-old female who was injured on 4/2/13 when she got caught between the doors of an elevator. The patient was diagnosed with cervical strain and neuropathy. A request was made for two cervical epidural blocks. The patient's history is significant for previous bilateral carpal tunnel release in 2008, bilateral ulnar surgery in 2008, and unspecified right rotator cuff surgery in 2005. X-rays of the cervical spine dated 04/04/13 by Dr. [REDACTED] revealed degenerative narrowing at C6-7, and degenerative spurring at C5 through C7. MRI of the cervical spine dated 05/28/13 by Dr. [REDACTED] revealed mild to moderate degenerative disc disease from C5 to C7; and C5-6 posterior disc bulging causing left lateral recess stenosis and reducing the anteroposterior dimension of the dural sac. The patient participated in PT. As per 6/3/13 visit note, the patient complained of neck pain radiating into the left arm. This was associated with weakness in the left hand. Current medications include. Medrol, Diovan, and Vicodin. Examination showed normal motor, sensory and reflex evaluations in the upper extremities. There is no support from the cited guidelines for cervical epidural steroid injection in the absence of objective evidence of radiculopathy. The proposed epidural steroid injection is not supported. Absent this objection, the intended levels and laterality of the requested ESI were not provided. Furthermore, there was no documented evidence of failure with recommended conservative care such as PT to warrant the requested injection. The medical necessity of the request is not established."

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
- Utilization Review by [REDACTED] (dated 6/12/13)
- Employee's Medical Records by Dr. [REDACTED] (dated 4/4/13 thru 6/10/13)
- Physical Therapy Prescription by [REDACTED] (dated 4/16/13)
- Request for Authorization for Medical Treatment (dated 5/14/13)
- Imaging Report by [REDACTED] (dated 5/28/13)
- Medical Treatment Utilization Schedule (MTUS) - Chronic Pain Medical Treatment Guidelines – pg 46

1) Regarding the request for two (2) cervical epidural blocks:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg 46, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/2/13 and experienced a cervical strain and neuropathy. The employee's medical records received and reviewed showed normal motor, sensory and reflex evaluations in the upper extremities on multiple examination dates.

The Chronic Pain Medical Treatment Guidelines indicate epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain in the absence of objective evidence of radiculopathy. The employee's medical records do not show evidence of objective weakness or sensory deficit. Additionally, there is no documented evidence of failure with recommended conservative care, such as physical therapy, to warrant the requested injections. The request for two (2) cervical epidural blocks 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.