
Notice of Independent Medical Review Determination

Dated: 8/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	11/9/2011
IMR Application Received:	7/12/2013
MAXIMUS Case Number:	CM13-0001337

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 selective nerve root block on the left side at C6-C7 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 1 selective nerve root block on the left side at C6-C7 **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 Rehabilitations 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013.

The patient is a 44 year old male with a date of injury of 11/9/2011. Under consideration is a prospective request for 1 selective nerve root block left side at C6-C7.

Review of submitted records indicates the patient is being treated for chronic neck pain. Per the evaluation on 5/29/13 by Dr. [REDACTED] relevant subjective findings included ongoing pain, numbness and tingling in neck with radiation to left upper extremity with the right side, for the most part, spared. Relevant objective findings included hyperesthesias in C7 distribution and unchanged motor strength testing unchanged from prior visit. Recent cervical MRI indicated severe left sided foraminal stenosis at C6-C7, 4-5mm disc bulge compressing nerve root, mild to moderate right sided narrowing at C6-C7, right paracentral disc protrusion at C5-C6 resulting in moderate right sided stenosis as well as displacement and impingement of the spinal cord, no evidence of cord edema, 3mm central and left sided paracentral disc bulge at C4-C5 which is causing mild bilateral foraminal narrowing left worse than right and no significant neural foraminal or canal stenosis at C3-C4. EMG in March of 2012 indicated left C6 nerve denervation. Treatment to date has consisted of physical therapy, acupuncture and cervical epidural steroid injection.

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 Determination by [REDACTED] (dated 7/3/13)
- Medical Records by [REDACTED] (dated 5/17/12 to 6/11/13)

- Acupuncture Notes by [REDACTED], Ph.D., C.A. (dated 6/4/12 to 1/17/13)
- Operative Note by [REDACTED] (dated 5/31/13)
- Medical Records by [REDACTED], M.D. (dated 5/23/12 to 5/8/13)
- Medical Records by [REDACTED] (dated 5/10/13 to 6/25/13)
- Modified Duty Reports by [REDACTED] (dated 7/25/12 to 5/8/13)
- Chronic Pain Medical Treatment Guidelines (2009), page 46

1) Regarding the request for 1 selective nerve root block on the left side at C6-C7:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 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 Expert 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 11/9/2011 and has experienced chronic neck pain. Treatment to date has included physical therapy, acupuncture, and a cervical epidural steroid injection. A request was submitted for 1 selective nerve root block on the left side at C6-C7.

The medical records submitted and reviewed indicate that a cervical epidural steroid injection was performed on 5/31/2013. The most recent physician's note provided, dated 6/11/2013, states that the employee showed significant improvement after the injection, and recommended that the patient follow up with a course of physical therapy. There was no documentation submitted to indicate why a second epidural was requested. The request for 1 selective nerve root block on the left side at C6-C7 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

/dj

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.



