

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

Claim Number:

[REDACTED]

Date of UR Decision:

7/3/2013

Date of Injury:

12/18/2008

IMR Application Received:

7/26/2013

MAXIMUS Case Number:

CM13-0003689

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical ESI bilateral C3-4 and C4-5 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 cervical ESI bilateral C3-4 and C4-5 **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 Rehabilitation 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 34 year old female with a date of injury of 12/18/2008. The patient had an MVA. She has treated with PT. MRI showed a protrusion at C3-5. The QME suggested facet injections. The patient had a normal neuro exam in 6/2013 and 5/2013 but had cervical tenderness and spasm. Dr. [REDACTED] is suggesting bilateral C3-5 ESIs.”

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 (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/3/13)
- Employee Medical Records from [REDACTED] (received 8/5/13)
- Employee Medical Records from Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for cervical ESI bilateral C3-4 and C4-5:

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, Epidural Steroid Injections (ESIs), pg. 46, which is part of the 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 sustained work-related injuries in a motor vehicle accident on 12/18/08. The submitted medical records noted neck pain with radiation to the bilateral shoulder and mid-scapular area. The employee's diagnoses include degenerative disc disease, C3-4 and C4-5, cervical radiculopathy and chronic tension headache. Prior treatment has included physical therapy and medications. A request has been submitted for ESI bilateral C3-4 and C4-5.

The guidelines note the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per the guidelines, criteria for the use of epidural steroid injections require that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The submitted medical records do not demonstrate evidence of radiculopathy on physical examination or corroborated by imaging studies. The requested ESI bilateral C3-4 and C4-5 **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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.