

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	8/9/2001
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004545

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical translaminal epidural steroid injection C7-T1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 translaminar epidural steroid injection C7-T1 **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.

Expert Reviewer Case Summary:

The patient is a 59-year-old female who reported a work-related injury on 08/09/2001, specific mechanism of injury was not stated. However, the patient presents for treatment for the following diagnoses, cervical disc degeneration, joint pain to the forearm, and joint pain to the hand. The clinical note dated 07/03/2013 reports the patient was seen under the care of Dr. [REDACTED] for her chronic pain complaints. The provider documents the patient utilizes Percocet 10/325 mg 1 tab by mouth every 4 hours for pain, as well as documentation of the following current medications, Darvocet-N 50 tab, Naproxen 550 mg tab, Norco 10/325 mg tablet, Prilosec 10 mg capsule, Theramine capsule, transdermal pain cream, and Zanaflex. The provider documented the patient presented for medical evaluation regarding her cervical degenerative disc disease. The patient was last seen in 10/2011 by this provider. The provider documented the patient had been recommended to undergo neck surgery but had declined surgical intervention. The provider reported upon physical exam of the patient, the patient had a positive Spurling's maneuver bilaterally with pain radiating to both shoulders. The patient had marked diminution in cervical range of motion to flexion, extension, rotation bilaterally. Any elevation of the arms at or above shoulder level caused increased numbness to the bilateral upper extremities per the provider. The patient's reflexes were 2+ and symmetric throughout the bilateral upper and lower extremities. The provider recommended authorization to perform a C7-T1 epidural steroid injection to treat the patient's radiculopathy.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for cervical translaminar epidural steroid injection C7-T1 :**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 46, part of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, page 46, Epidural Steroid Injections, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The current request received an adverse determination on 07/17/2013 due to a lack of submission of official imaging of the patient's cervical spine to reveal any significant pathology to support the requested injection therapy. The clinical notes submitted for review lack submission of an MRI of the employee's cervical spine to support an epidural steroid injection. Furthermore, the employee presents with chronic pain complaints status post a work-related injury sustained multiple years ago, but there is a lack of documentation of recent active treatment modalities utilized for pain complaints such as chiropractic treatment, acupuncture or physical therapy interventions. The request for cervical translaminar epidural steroid injection at C7-T1 **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

/bh

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.