

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	8/31/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004648

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 a **trial cervical epidural steroid injection C7-T1, interlaminar approach 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 56-year-old male who reported an injury on 08/31/2012 when he injured his left shoulder while trying to pull down a roll up door. He was reported to have undergone a shoulder surgery on 11/27/2012 and is noted to have treated with postoperative physical therapy. He noted that he had more pain in the shoulder than before the surgery. The patient was noted to continue to have restriction of range of motion in the left shoulder and to continue physical therapy. The patient was noted to have developed ongoing pain in the neck, radiating down to the right shoulder and right arm with numbness and tingling in the 3rd and 5th digits, which was persistent. He was noted to have undergone an MRI of the cervical spine without contrast on 05/31/2013, read by Dr. [REDACTED] who reported that the patient had an impression of a broad-based posterior and right paracentral disc herniation at C3-4, causing mild narrowing of the central canal and neural foramina bilaterally, right greater than left, which measured approximately 4 mm in diameter. A broad-based posterior herniation at C4-5 and C7-T1 caused mild narrowing of the central canal and neural foramina bilaterally which measured approximately 4 mm in diameter, and mild diffuse disc bulges at C2-3, C5-6 and C6-7 caused mild narrowing of the central canal and neural foramina bilaterally. A clinical note dated 06/16/2013, signed by Dr. [REDACTED], requested a trial of cervical epidural steroid injections as the patient was having persistent pain in his neck and taking up to 8 Percocet a day just to get any relief. His pain was mostly in his neck and then into both upper extremities, worse on the right than the left, and noted that all 5 digits on the right side and most of the digits on the left side tingled and were numb. On physical exam, he was noted to have diminished range of motion in the bilateral shoulders and to be neurologically intact. On 06/26/2013, the patient was noted to report his pain in his neck was really severe with severe sharp pains in the arm. He was reported to be scheduled for nerve conduction studies on 07/17/2013.*

*He was noted to have been started on gabapentin 300 mg at night to increase to 3 times a day. On 07/09/2013, the patient reported that things flared up with severe pain in the posterior neck, going into his head and radiating down to the upper extremities. He reported that every time he keyboarded, he had a sharp stabbing pain in his right wrist and hand. On physical exam, the patient was noted to be neurologically intact with fair strength in the upper extremities although some give way weakness due to his pain.*

## **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 a trial cervical epidural steroid injection C7-T1, interlaminar approach:**

#### 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, Criteria for use of Epidural steroid injections, pg. 46, which is part of the MTUS.

The Expert Reviewer based his findings on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs) pg. 46, which is part of the MTUS.

#### Rationale for the Decision:

The employee sustained a work-related injury on 8/31/2012. The request is for a trial cervical epidural steroid injection C7-T1, interlaminar approach.

Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical exam findings and corroborated by imaging studies and/or electrodiagnostic testing which is initially unresponsive to conservative care including exercise, physical methods, NSAIDs and muscle relaxants. In this case, there was documentation of imaging findings of a herniated disc at C3-4 impinging on the right and central posterior disc protrusions at C4-5 and C7-T1; the employee was not noted to have any objective findings of radiculopathy on physical exam, and was noted to have been neurologically intact, and there was no indication that the employee had undergone conservative treatment, including physical therapy, specifically targeting the cervical spine. **the request for a trial cervical epidural steroid injection C7-T1, interlaminar approach 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,

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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