

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	3/26/2007
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004709

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cervical ESI (Epidural Steroid Injection) series of six** 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 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 series of six 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 Preventive Medicine and Occupational 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 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:

All 122 pages of medical, insurance, and administrative records provided were reviewed. The patient, is a represented [REDACTED] office assistant who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 26, 2007.

Thus far, The patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and work restrictions. The patient has filed a claim for derivative hypertension, it is noted. Specifically reviewed is a utilization review report of July 12, 2013, denying the request for series of six epidural steroid injections, numerous guidelines are cited, including the chronic pain medical treatment guidelines, ACOEM, ODG, and ASIPP.

Also, reviewed is a June 13, 2013 progress note, in which it is stated that the patient reports heightened neck pain radiating to the arm. The patient is working light duty. The patient exhibits diminished grip and pinch strength with decreased cervical range of motion. Recommendations are made for the patient to obtain a series of cervical epidural and steroid injections while employing Naprosyn for pain relief. The patient is given work restrictions.

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 ESI (Epidural Steroid Injection) series of six :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, pages 39 and 40, and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), page 265, which are both part of the MTUS, as well as the Official Disability Guidelines and ASIPP Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

Rationale for the Decision:

As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, two life-long epidural steroid injections are the consensus recommendation. A series of three epidural steroid injections are not recommended, let alone a series of six epidural steroid injections. Rather, the MTUS Chronic Pain Medical Treatment Guidelines suggest that functional improvement be gauged after each injection before repeat injections are sought. In this case, there is no support for the proposed series of six injections. **Therefore, the request for cervical ESI (Epidural Steroid Injection) series of six is not medically necessary or 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, 18th Floor
Oakland, CA 94612

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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.