

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/29/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

6/27/2012

8/1/2013

CM13-0005398

- 1) MAXIMUS Federal Services, Inc. has determined the request for eval; cervical selective nerve root block at C7 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 eval; cervical selective nerve root block at 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 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:

This is a 44-year-old male with a 6127/2012 date of injury. A specific mechanism of injury has not been described. The patient is right hand dominant.

7/12/2013 hand written progress report per Dr. [REDACTED] indicates that the patient complains of pain in his neck and right shoulder at pain level 2-3/10. There is no physical examination documented.

12/13/2012 MRI of the cervical spine reveals at C3-C4, shallow posterior annular bulge with near total effacement of the anterior thecal sac, mild central canal stenosis and moderate-severe right-sided foraminal stenosis from uncinate spurring; at C4-C5, asymmetric annular bulge to the left with mild left foraminal narrowing from uncinate spurring; at C5-C6, shallow posterior annular bulge with mild bilateral foraminal narrowing from uncinate spurring; at C6-C7, shallow posterior annular bulge with moderate-severe right foraminal narrowing from uncinate spurring.

EMG/NCS on 11/19/12 showed no evidence of 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 eval; cervical selective nerve root block at C7:

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, Epidural steroid injections (ESI), page 46, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127, which is a medical treatment guideline that is not part of the MTUS. The Claims Administrator further cited the AMA Guides (Radiculopathy), which is a medical treatment guideline that is not part of the MTUS. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee's MRI showed evidence of foraminal narrowing suggesting of a probable nerve root impingement, there was no clinical documentation of objective radiculopathy findings on examination. Furthermore, the EMG/NCS showed no evidence of radiculopathy. The request for eval; cervical selective nerve root block at 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

/ldh

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.