

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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

MAXIMUS
Federal Services



Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/25/2013

6/30/2003

8/1/2013

CM13-0005508

- 1) MAXIMUS Federal Services, Inc. has determined the request for a cervical epidural steroid injection **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 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/16/2013. 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 cervical epidural steroid injection **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 Maryland. 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 58-year-old female who reported an occupational injury on 6/30/2003. Subsequently, the patient reports chronic low back pain that radiates to her bilateral lower extremities. The patient also complained of neck pain. In addition, she is having occipital headaches. The patient's pain level increased with an average pain level of 6/10. According to the records provided for review, the patient was being recommended for a cervical epidural steroid injection for the treatment of chronic pain. The most recent office note submitted by Dr. [REDACTED] from 6/21/2013 references a cervical MRI completed on 5/14/2012 which revealed that at the levels of C5-6, there was a small posterolateral degenerative spur on the right side, causing mild narrowing of the right neural foramen. The spinal canal and the left neural foramen are normal. At the level of C6-7, there was a 1 mm central discogenic osteophyte formation slightly indenting the thecal sac. The spinal canal and the neural foramina bilaterally were normal. The level of C7-T1 was unremarkable. In addition to the MRI findings, the objective findings reported on 6/21/2013 indicate the patient was observed to be in moderate distress. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Range of motion of the cervical spine revealed a moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the cervical spine at the C4-7 level. The note indicated that her sensory and motor examinations were unchanged.

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 cervical epidural steroid injection:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pages 46-47, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate that epidural steroid injections are recommended for the treatment of radicular pain. Epidural steroid injections can offer short-term pain relief, and should be used in conjunction with other rehabilitation efforts, including continuing a home exercise program. The guidelines require documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient must have initially been unresponsive to conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The records provided for review lack documentation of objective findings of cervical radiculopathy or that the employee has exhausted conservative care. Although the employee did have some tenderness to palpation, the physical examination indicates the employee's motor and sensory testing remain unchanged. Further, there is a lack of evidence that the employee is participating in supervised physical therapy or a home exercise program at this time to be used in conjunction with the epidural steroid injections. **The request for a cervical epidural steroid injection 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, 18th Floor
Oakland, CA 94612

/sab

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.