

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: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/25/2009
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005929

- 1) MAXIMUS Federal Services, Inc. has determined the request for **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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 epidural steroid injection** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer 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 , has a subspecialty in Pain Management 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 male patient with a date of injury of September 25, 2009. A utilization review determination dated July 17, 2013 recommend non-certification for cervical epidural steroid injection. Epidural steroid injection is recommended for non-certification due to "no objective evidence of radiculopathy documented on physical examination and corroborated by imaging studies and or electrodiagnostic testing." A progress report dated July 10, 2013 includes subjective complaints stating "the patient continues to report increased cervical radicular pain over the right greater than left shoulder blade". This pain remains the most bothersome and is still rated at eight out of 10 in intensity, aching/throbbing in quality and frequent/nearly continuous, worsening with neck extension and even when the neck is a neutral position for a prolonged period. As noted earlier, it is for these symptoms that the patient desires a repeat cervical epidural steroid injection, which in the past has provided significant relief of pain for several months." The note goes on to identify "as noted earlier, an EMG on 11/6/09 shows evidence of lower cervical radiculopathy on the left side localized to the C8 cervical root." Objective examination findings identify reduced cervical range of motion, normal muscle strength, normal sensation, and normal DTR's. Spurling's test is negative bilaterally. Diagnoses include cervical radiculopathy and cervical strain. The treatment plan goes on to identify "the patient had his repeat cervical MRI on 5/31/13 through his health plan, which demonstrated some progression of multilevel DJD as demonstrated by the previous January 14, 2010 MRI of the cervical spine."

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 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, pg 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Neck and Upper Back Complaints, pg. 176-177, which is part of the MTUS. Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, pg. 46, which is part of the MTUS.

Rationale for the Decision:

Regarding the request for repeat cervical epidural injection, Chronic Pain Medical Treatment Guidelines state that repeat blocks should be based on continued objective of documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for 6 to 8 weeks. The guidelines also recommend radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The medical records provided for review does not include a MRI report and no electrodiagnostic testing report has been provided. There is no documentation of specific objective functional improvement or reduction of medication use as a result of the previous epidural injection. The most recent physical examination does not identify physical examination findings supporting a diagnosis of cervical radiculopathy. **The request for cervical epidural steroid injection is not medically necessary.**

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.