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## Independent Medical Review Final Determination Letter

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Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0008776	<b>Date of Injury:</b>	06/29/2011
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013
<b>Employee Name:</b>	████████████████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Cervical ESI under IV sedation		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 72-year-old female who reported an injury on 06/29/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with myofascial pain syndrome, lumbar radiculopathy, knee pain, and lumbar spondylosis. She was most recently seen by Dr. [REDACTED] on 09/17/2013. She reported 7/10 pain with left-sided radiculopathy. Physical examination revealed no acute distress and an antalgic gait. Treatment recommendations included a lumbar epidural steroid injection.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Cervical ESI under IV sedation is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS, Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections (ESIs), pg. 46, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. As per the clinical notes submitted, the patient underwent an MRI of the cervical spine on 03/18/2013 which noted mild degenerative disc disease at C5-6 without significant central canal stenosis or neural foraminal narrowing. The most recent physical examination was documented by Dr. [REDACTED] on 08/20/2013. The patient demonstrated positive

seated straight leg raise on the left at 90 degrees, 4/5 strength in the left lower extremity, and hyperesthesia at L4-5 on the left side. There is no evidence of neurological deficits with regard to the cervical spine. The patient is also status post medial branch nerve injections at C4, C5, and C6. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

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.

[REDACTED]

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