

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/1/2013  
Date of Injury: 10/12/2011  
IMR Application Received: 8/8/2013  
MAXIMUS Case Number: CM13-0009793

DEAR [REDACTED]

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, [REDACTED]

## 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 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 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 underlying date of injury in this case is 10/12/2011. This patient is a 34-year-old man with diagnoses including right shoulder sprain, right rib sprain, chronic thoracic myospasm, chronic right groin pain, chronic right hip sprain, chronic lumbar sprain, and lumbar degenerative disc disease.

A prior physician review noted the patient has continued to complain of neck and low back pain with radiation in the upper and lower extremities with previous treatment including chiropractic, physical therapy, work hardening, and medications. As of 03/28/2013, the patient had been noted to have some diminished sensation on the right C7 and C8 distributions, although cervical MRI findings were not specifically documented. An epidural steroid injection was not felt to be supported by the treatment guidelines.

A treating physician report of 04/04/2013 notes that the patient underwent a cervical MRI recently, but the result was not available at that time. On 05/02/2013, the treating physician again noted that a cervical MRI had been done, but the report was not available. On 05/30/2013, a note from the treating physician indicated that the patient recently had an MRI done of the cervical spine, but he did not remember where and he would try to advise his physician. On 06/27/2013, the provider indicated that the patient reported that an EMG had been done of the upper and lower extremities. That report apparently was not available at that time. However, the report of a cervical MRI of 03/21/2013 was noted and described 2-mm central protrusion at C5-6 and C6-7 without canal or foraminal stenosis.

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

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

**1. One Cervical Epidural Steroid Injection at C6-7 with Cervical Myelography, Cervical Epidurogram Insertion of Cervical Catherter, Fluroscopic Guidance and Intravenous (IV) Sedation is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections states, "Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing...there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, the guidelines support cervical epidural injections only in very specific circumstances with clear documentation of the rationale for such treatment. In this case, an MRI obtained subsequent to a first physician review contains equivocal findings without clear compression. Overall, the employee appears to have multifocal symptoms without clear localization by exam and diagnostic studies to support a focal radiculopathy.

/bd

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]

[REDACTED]

[REDACTED]