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## Independent Medical Review Final Determination Letter

2564

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0022130	<b>Date of Injury:</b>	05/13/1999
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/09/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
OUTPATIENT MULTI-LEVEL CERVICAL EPIDURAL STEROID INJECTION VIA CATHERTER AT R C5-C6			

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 Occupational Medicine 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, cervical radiculopathy, and depression reportedly associated with an industrial injury of May 13, 1999.

Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture, occipital nerve block; unspecified amounts of physical therapy; sympathetic block; a TENS unit; extensive periods of time off of work; and MRI of the cervical spine of June 26, 2013, notable for multilevel low-grade degenerative changes and small disc bulges of uncertain clinical significance.

In a utilization review report of August 22, 2013, the claims administrator denied a request for multilevel epidural steroid injections at C5-C6 and C6-C7. The applicant's attorney later appealed, on September 9, 2013.

An earlier note of July 3, 2013 is notable for comments that the applicant reports persistent 9/10 neck and low back pain, reportedly severe. The applicant is off of work. She has a history of fibromyalgia, it is noted. She is reportedly unemployed and is not exercising, it is further noted. She is on Norco, baclofen, Desyrel, Glucophage, Zocor, and metformin. The applicant has a BMI of 27. Upper extremity reflexes are symmetric, although the applicant exhibits decreased strength and decreased grip strength about the upper extremities. The applicant does exhibit depressed affect. She is given diagnosis of lumbar neuritis, myospasm, depression, and reflex sympathetic dystrophy. She is given facet joint injections, L3 to L5 in the clinic. Toradol injection was also endorsed. The applicant was given multiple medication refills. On July 15, 2013, the applicant was given a Medrol Dosepak.

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

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

**1. Outpatient multi-level cervical Epidural steroid injection via catheter at right C5-6 and right C6-C7 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. In this case, however, there is no clear or compelling evidence of cervical radiculopathy, either clinically, radiographically, or electrodiagnostically. An earlier cervical MRI in 2013 fails to uncover any specific evidence of a large herniated cervical intervertebral disc. The applicant's other multifocal pain complaints, low back pain, depression, suspected diagnosis of chronic regional pain syndrome, etc. further argues against any bona fide cervical radiculopathy for which epidural steroid injection therapy would be indicated. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

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]

CM13-0022130