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## Independent Medical Review Final Determination Letter

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Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0011131	<b>Date of Injury:</b>	2/13/2012
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	8/8/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/14/2013
<b>Employee Name:</b>	████████████████████		
<b>Provider Name:</b>	████████████████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Injection: Consult: Follow up office visit		

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### 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 claimant presents with right shoulder pain and neck pain following a work related injury on 2/13/2012. MRI of the cervical spine was significant for loss of normal cervical lordosis, suggesting paraspinal muscle spasm, 2 mm central disc bulges at C5-6 and C6-7, and mild multi-level degenerative changes. The claimant had right shoulder surgery and reported improvement in pain in the deltoid region. She reported that 90% of her pain is in her cervical spine and 10% in the upper extremity with the right being worse than the left. The provider recommended a cervical epidural steroid injection. The claimant request authorization for a cervical epidural steroid injection and followup office visit.

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

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

#### **1. Cervical epidural steroid injection interlaminar 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 (2009), page 47, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections.” The office visit on 7/25/2013 in which the cervical epidural steroid injection was requested did not document radiculopathy as corroborated by physical exam or imaging studies. The provider reported that the claimant’s pain was primarily axial which is more consistent with cervical facet pain and would require a different treatment than a cervical epidural steroid injection. Additionally the imaging study does not demonstrate a nerve compression that would be responsive to an epidural steroid injection. Per MTUS guidelines page 47, the epidural steroid injection is not medically necessary.

## **2. follow up office visit is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines, page 127, and the Official Disability Guidelines, Pain Chapter, Office Visits, which are not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), page 127.

The Physician Reviewer’s decision rationale:

ACOEM guideline page 127 states “the occupational health practitioner may refer to other specialists for diagnosis is uncertain extremity complex, when psychosocial factors are present, or when the plan of course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment, or work capacity requires clarification. A referral may be for: (1) Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee’s fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent medical examination: To provide medico legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality.” Per ACOEM guideline page 127, a follow up office visit is not medically necessary. The cervical epidural steroid injection is not medically necessary and therefore a follow-up visit to assess patient response to the procedure is not medically necessary. In addition, it was also reported that the patient avoids taking medications to avoid side effects. There is no indication that the follow-up visit will additionally aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee’s fitness for return to work.

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