

Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	9/30/2010
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011986

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **cervical epidural steroid injection (CESI) at C6-C7 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **medial branch blocks at L3-S1 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left shoulder corticosteroid injection with orthopedics is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/30/2013. 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 **a cervical epidural steroid injection (CESI) at C6-C7 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **medial branch blocks at L3-S1 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **left shoulder corticosteroid injection with orthopedics is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision 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 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:

The applicant has filed a claim for chronic neck, low back, shoulder, and knee pain, associated with an industrial injury of September 30, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, psychological counseling, unspecified amounts of physical therapy, a left knee arthroscopy and partial medial meniscectomy on July 15, 2013, MRI of the lumbar spine on May 1, 2011, which was notable for the absence of any specific disc herniation, electrodiagnostic testing on May 23, 2012 which was notable for lumbar radiculopathy at L5-S1 and cervical radiculopathy at C5-C6, unspecified amounts of chiropractic manipulative therapy and extensive periods of time off of work.

The applicant underwent prior epidural steroid injections, including an epidural steroid injection on June 26, 2012. This was later described as minimally effective on a subsequent progress note of September 28, 2012. In a utilization review report of August 12, 2013, the claims administrator denied a request for cervical epidural steroid injection, lumbar medial branch block, and left shoulder corticosteroid injection through orthopedics. A later note of September 4, 2013 is notable for comments that the applicant has done well following left knee arthroscopy with partial medial meniscectomy. The applicant remains off of work as of that date.

In a September 10, 2013 progress note, the applicant reports persistent neck pain radiating to the arms, low back pain radiating to the right leg, and that the applicant is emotionally less labile. The applicant is on Cymbalta, Norco, and Motrin for pain relief. The applicant exhibits well-preserved shoulder range of motion. Positive provocative testing suggestive of internal impingement is evident. The applicant exhibits positive facet loading about the lumbar spine and positive straight leg raising about the right leg. A request for lumbar epidural steroid injection is endorsed. Finally, an earlier note of August 1, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the legs, neck pain radiating to bilateral upper extremities, and persistent left shoulder pain. The applicant again exhibits positive impingement maneuver about the shoulder with positive straight leg raising and positive facet loading about the lumbar spine and lower leg. The applicant exhibits decreased sensation about the L5-S1 distribution. Recommendation is made for the applicant to obtain a shoulder corticosteroid injection, lumbar medial branch blocks, and cervical epidural steroid injection. It is stated that the applicant has electrodiagnostically confirmed cervical radiculopathy.

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 a cervical epidural steroid injection (CESI) at C6-C7:

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, Epidural Steroid Injections (ESI), page 46, which is part of the MTUS.

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

Rationale for the Decision:

As noted in the MTUS Chronic Pain guidelines, cervical epidural steroid injections can be employed for diagnostic purposes. In this case, the employee has not had any prior cervical epidural steroid injections. There has been some electrodiagnostic evidence of radiculopathy and the employee does report ongoing complaints of neck pain radiating to the bilateral arms. A trial of diagnostic and potentially therapeutic cervical epidural steroid injection may therefore be of benefit here. **The request for CESI at C6-C7 is medically necessary and appropriate.**

2) Regarding the request for medial branch blocks at L3-S1:

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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, page 300, which is part of the MTUS, and the Official Disability Guidelines, Low Back Chapter, facet joint diagnostic blocks (injections), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, Summary of Recommendations for Evaluating and Managing Low Back Complaints, which is part of the MTUS, and ACOEM 3rd Edition, Low Back Treatments, Injection Therapies, Facet Joint Injections, which is not part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines, Chapter 12, Table 12-8, facet joint injections, including medial branch blocks, are not recommended. It is further noted that the unfavorable ACOEM Second Edition recommendation is echoed by that of the Third Edition Guidelines which state that diagnostic facet joint injections are not recommended for treatment of radicular pain syndromes. In this case, records submitted for review indicate that the employee's ongoing lumbar radicular complaints, positive prior electrodiagnostic testing involving the lumbar spine, and continuing complaints of low back pain radiating to the leg are due to a radicular pain syndrome for which facet joint injections are not recommended. **The request for MBB at L3-S1 is not medically necessary and appropriate.**

3) Regarding the request for left shoulder corticosteroid injection with orthopedics:

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 Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), initial care, which is part of the MTUS.

The Expert Reviewer based his/her decision Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) page 204, which is a part of MTUS.

Rationale for the Decision:

As noted in the MTUS/ACOEM Guidelines, if pain with elevation significantly limits activities, subacromial injection of local anesthetic and corticosteroids may be indicated after conservative therapy has failed. The medical records provided for review indicate that the employee has failed conservative therapy with time, medications, physical therapy, etc. The employee does not appear to have had prior shoulder corticosteroid injections. A trial shoulder corticosteroid injection with orthopedics is therefore indicated. **The request for left shoulder corticosteroid injection with orthopedics is medically necessary and appropriate.**

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

/dso

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.