

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 6/14/2011
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013284

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 36-year-old male who reported an injury on 06/14/2011. The patient is currently diagnosed with degenerative joint disease at C6-7 with foraminal stenosis, mild tenosynovitis of the subscapularis and biceps tendons, and calcification of the superior labrum. The patient was most recently evaluated by Dr. [REDACTED] on 09/26/2013. Objective findings included tenderness to palpation, decreased range of motion, and 2+ reflexes bilaterally. Treatment plan included continuation of daily exercises, TENS therapy, continuation of current medications, and continuation of heat therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. The cervical epidural steroid injections (ESI) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is a 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. As per the clinical notes submitted, the employee has previously undergone physical therapy, medication management and activity modification. He has also undergone lumbar and cervical medial branch blocks. There is no documentation upon physical examination of radicular

symptoms that would warrant the need for an epidural steroid injection at this time. Therefore, the request cannot be determined as medically appropriate. **The request for a cervical ESI is not medically necessary and appropriate.**

2. A diagnostic block of the C5-C6 and C6-C7 vertebrae is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which are not a 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 Official Disability Guidelines (ODG), Neck & Back Chapter.

The Physician Reviewer's decision rationale:

The ODG state criteria for the use of diagnostic blocks for facet mediated pain includes clinical presentation consistent with facet joint pain, signs and symptoms. They are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to conservative treatment prior to the procedure for at least 4 to 6 weeks. The patient should document pain relief with an instrument such as VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. As per the clinical notes submitted, the employee's objective functional response to previous cervical medial branch blocks was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. Therefore, the requested service cannot be determined as medically appropriate. **The request for the diagnostic block on the cervical spine are not medically necessary and appropriate.**

/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.

[REDACTED]
[REDACTED]
[REDACTED]