

**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: 7/26/2013  
Date of Injury: 3/14/2012  
IMR Application Received: 8/21/2013  
MAXIMUS Case Number: CM13-0014798

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 Anesthesiologist and Pain Medicine, and is licensed to practice in California and Florida. 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]
- [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 47 year old female who was doing heavy lifting and subsequently sustained a work related back injury on 03/14/2012. The patient reports complaints of persistent neck, mid and low back pain described as pinching. The patient reports radiation of neck pain into her upper extremities and radiation of low back pain into the lower extremities with aggravating factors of bending and lifting. The patient rated her pain 8 out of 10. Clinical information provided indicated the patient had a previous positive Spurling's bilaterally and weakness with elbow flexion and extension on the right. There was also documentation of decreased sensation in the right upper extremity with decreased grip. An MRI of the cervical spine revealed a 2-3mm cervical and left paracentral subligamentous disc protrusion with flattening and effacement of the ventral margin of the cord with mild spinal stenosis at the C6-7 level. The treatment plan on 09/23/2013 was for cervical epidural steroid injection and medication refill

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

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

#### **1. C6-C7 cervical Myelography is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Neck and Upper Back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale: Official Disability Guidelines for myelography indicate that such a study is recommended if there is demonstration of the site of a cerebrospinal fluid leak or when an MRI cannot be performed. The medical records provided for review indicates the employee has undergone an MRI of the cervical spine on 06/18/2012. Guidelines

suggest myelography for surgical and radiation planning. Medical records do not include clinical documentation indicating that the employee is being prepared for either surgery or radiation. Additionally, there is no clinical documentation supporting the need for a myelography in addition to an already performed MRI. **The request for C6-C7 cervical myelography is not medically necessary and appropriate.**

## **2. Cervical Epidurogram is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: CA MTUS guidelines indicate that radiculopathy must be documented by physical examination, supported by imaging studies, and should be initially unresponsive to conservative treatment in the form of exercises, physical methods, NSAIDs and muscle relaxants. The medical records provided for review show that the imaging study submitted is suggestive of radiculopathy but there is no documentation of objective findings of dermatomal or myotomal deficits and no nerve root tension signs indicative of radiculopathy. Furthermore, there is lack of documentation provided to indicate the employee has failed conservative care. The documentation provided indicates the employee has attended physical therapy in the past, but there is no clinical provided to show the employee's amount of therapy or progress with said therapy. Lastly, there is no clinical information provided for review documenting the employee's response to medication management or lack of success with said medications. **The request for cervical epidurogram is unable is not medically necessary and appropriate.**

## **3. Insertion of Cervical Catherter is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: CA MTUS guidelines indicate that radiculopathy must be documented by physical examination, supported by imaging studies, and should be initially unresponsive to conservative treatment in the form of exercises, physical methods, NSAIDs and muscle relaxants. The medical records provided for review show that the imaging study is suggestive of radiculopathy but there is no documentation of objective findings of dermatomal or myotomal deficits and no nerve root tension signs indicative of radiculopathy. Furthermore, there is lack of documentation provided to indicate that the employee has failed conservative care. The documentation provided indicates the employee has attended physical therapy in the past, but there is no clinical note provided to show the employee's amount of therapy or progress with said therapy. Lastly, there is no clinical information provided for review documenting the employee's response to medication management or lack of success with said medications. **The request for insertion of a cervical catheter is not medically necessary and appropriate.**

#### **4. Fluoroscopic guidance is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: CA MTUS guidelines indicate that radiculopathy must be documented by physical examination, supported by imaging studies, and should be initially unresponsive to conservative treatment in the form of exercises, physical methods, NSAIDs and muscle relaxants. The medical records provided for review show that the imaging study is suggestive of radiculopathy but there is no documentation of objective findings of dermatomal or myotomal deficits and no nerve root tension signs indicative of radiculopathy. Furthermore, there is lack of documentation provided to indicate that the employee has failed conservative care. The documentation provided indicates the employee has attended physical therapy in the past, but there is no clinical note provided to show the employee's amount of therapy or progress with said therapy. Lastly, there is no clinical information provided for review documenting the employee's response to medication management or lack of success with said medications. The medical necessity of the cervical epidurogram is unable to be established in order to determine the necessity for fluoroscopic guidance. **The request for fluoroscopic guidance is not medically necessary and appropriate.**

#### **5. IV sedation is not medically necessary and appropriate.**

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

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

The Physician Reviewer's decision rationale: CA MTUS guidelines indicate that radiculopathy must be documented by physical examination, supported by imaging studies, and should be initially unresponsive to conservative treatment in the form of exercises, physical methods, NSAIDs and muscle relaxants. While the imaging study submitted for review is suggestive of radiculopathy, there is no documentation of objective findings of dermatomal or myotomal deficits and no nerve root tension signs indicative of radiculopathy. Furthermore, there is lack of documentation provided to indicate the patient has failed conservative care. The documentation provided indicates the patient has attended physical therapy in the past, but there is no clinical provided to show the patient's amount of therapy or progress with said therapy. Lastly, there is no clinical information provided for review documenting the patient's response to medication management or lack of success with said medications. The medical necessity of the cervical epidurogram is unable to be established in order to determine the necessity for IV sedation. **The request for IV sedation is not medically necessary and appropriate.**

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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]

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