

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/12/2013
Date of Injury:	7/11/2010
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015688

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 1 epidural injection of the cervical spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/10/2013. 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 1 epidural injection of the cervical spine is not 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 Orthopedic Surgery, 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 claimant is a 55 year-old, right hand dominant female who has had multiple injuries, the most recent of which was on 07/11/10 when she passed out during a heated argument with a co-worker. She had left shoulder and neck pain. She underwent a left shoulder manipulation under anesthesia on 11/11/10. On 09/13/11 a left shoulder arthroscopy was performed with repair of 1-2 small tears. On 11/13/12 she underwent a right shoulder arthroscopy with subacromial decompression, distal clavicle resection, debridement of a rotator cuff tear and the superior labrum. Her history was also significant for diabetes and elevated cholesterol.

An MRI of the cervical spine with flexion/extension views on 04/12/13 revealed straightening of the cervical spine. There was early disc desiccation throughout the cervical spine. There was a hyperintense signal on T2W sagittal images in the valleculae/pyriform sinus which likely represent retained fluid. At C3-4 there was a focal central disc protrusion effacing the thecal sac. The C4 exiting nerve roots were unremarkable. Disc measurements were: neutral 2.1 millimeters, flexion 1.5 millimeters, and extension 1.5 millimeters. At C4-5 there was a focal central disc protrusion with annular tear indenting the thecal sac and spinal cord. The C5 exiting nerve roots were unremarkable. Disc measurements: were neutral 2.1 millimeters; flexion 2.1 millimeters and extension 1.5 millimeters. At C5-6 there was a focal central disc protrusion with annular tear effacing the thecal sac. The C6 exiting nerve roots were unremarkable. Disc measurements: were neutral 1.5 millimeters; flexion 1.5 millimeters; and extension 2.1 millimeters. At C6-7 there was a diffuse disc protrusion effacing the thecal sac. The C7 exiting nerve roots were unremarkable. Disc measurements: neutral 2.1 millimeters, flexion 1.5 millimeters and extension 2.1 millimeters.

The claimant treated with [REDACTED] in follow-up for right thoracic outlet syndrome and piriformis syndrome between 05/02/13 and cervical disc herniation at C4-5 causing compression of the spinal cord. He treated with medications, a right anterior

scalene injection on 05/02/13 with immediate improvement in pain, but it was temporary. EMG/NCV studies on 07/16/13 showed moderate right carpal tunnel syndrome of the median sensory and motor nerve at the wrist. There was no generalized peripheral neuropathy. There were changes of a denervation of a right sided C4-5 cervical radiculopathy pattern by EMG. The changes may be due to stenosis, disk disease, herniation and related spinal conditions. A thoracic outlet syndrome may be present with normal studies. It was noted that she was sensitive to EMG. Clinical correlation was advised.

A note dated 08/12/13 indicated that a requested cervical epidural steroid injection was denied due to the lack of evidence of conservative treatment within the past 12 months and the fact that the level(s) to be injected were not indicated.

██████████ saw the claimant on 08/14/13 and noted severe right scalene tenderness, right brachial plexus Tinel and a positive right costoclavicular abduction test. There was dysesthesia in the right C8-T1 dermatome. She had painful cervical motion and right trapezius hypertonicity. There was also right periscapular pain. It was noted that cervical x-rays with flexion/extension views showed no subluxation or instability, mild spinal straightening suggesting spasm at minimal disc space narrowing. Right thoracic outlet syndrome with right piriformis syndrome, right carpal tunnel syndrome, associated right vascular headaches, C4-5 disc herniation with stenosis and right C4-5 radiculopathy by EMG were added to her diagnoses. ██████████ stated that she was not likely to respond to further conservative treatment and the epidural steroid injection was not recommended. He indicated she had chronic pain for 3 years and she was unlikely to get sustained benefit from an ESI. He indicated that ██████████ and he agreed with the need for a right C4-5 ACDF and right scalenectomy at same time. Continuation of Nucynta, Ambien and Tizanidine and discontinuation of Cymbalta were advised.

██████████ saw the claimant on 08/15/13 noting severe pain in the right neck into the shoulder blade down to the right hand associated with weakness and numbness of the right hand, Elevation of the right arm caused increased weakness and numbness in the right hand. She had increasing pain on the right side of the head causing headaches and swelling on the right side of her face. On exam there was weakness and sensory loss in the right hand. She had a positive Tinel in the region of the right brachial plexus. Adson and Roos including brachial plexus stress testing were positive on the right. She had a positive Spurling and when tapping the vertex of her head, had neck pain, especially on the right. She was noted to have had 12 sessions of therapy from April to June with only temporary relief and a TENS did not help. ██████████ did not believe an epidural steroid injection would produce any type of benefit besides temporary relief for 1-2 weeks. He recommended an ACDF at C4-5 with decompression and right brachial plexus in the same setting.

#### **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 1 epidural injection of the cervical spine:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

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

Rationale for the Decision:

The employee has a long and complex history of bilateral shoulder and neck symptomatology with 2 left shoulder surgeries, the last on 09/13/11 and a right shoulder surgery on 11/13/12. The employee was also noted to have thoracic outlet syndrome, right carpal tunnel syndrome and complex regional pain syndrome. The employee has evidence of disc protrusions at C3-4, C4-5, C5-6 and C6-7 and right C4-5 cervical radiculopathy according to EMG studies. The employee also has significant neck and right upper extremity findings and has treated with physical therapy, cervical traction, a TENS unit, a diagnostic right scalenus anterior injection and medications. However, office visits in August 2013 indicate that the employee was unlikely to have sustained benefit from epidural steroid injections and thus recommended surgical intervention including an ACDF at C4-5 with a right scalenectomy at the same time. In addition, the level(s) to be injected were not indicated. **The request for 1 epidural injection of the cervical spine is not 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/amm

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.