

**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	1/7/2011
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015783

- 1) MAXIMUS Federal Services, Inc. has determined the request for **thoracic epidural steroid injections x3** 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 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **thoracic epidural steroid injections x3** 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 Internal 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:

This is a 54 year old female who tripped and fell off the bus after initially hitting the bar in front of the bus on April 1, 2008. She claimed she bounced off the stairs of the bus before hitting the ground. She was taken to a clinic where she was evaluated and placed off work for one week. After she returned back to work, she continued to have pains in the neck and mid-back. On or about January 2011, she was referred to Dr. [REDACTED], an orthopedic surgeon, who subsequently referred her to Dr. [REDACTED], a pain management specialist. She had an MRI of the neck, and physical therapy was initiated. A facet joint injection in the cervical region was provided to the patient, followed by radio-frequency denervation procedure, with some relieve of pain symptoms in the neck. She continued to have pain in the thoracic region which necessitated a thoracic facet-joint injection followed by thoracic radiofrequency denervation procedure with 50 to 60% reduction in pain symptoms. She continues to have mid-thoracic region pain, which is increased by activities such as coughing or sneezing, sitting and leaning back against a hard-backed chair, lying on her stomach or hyperextending her back, prolonged standing or attempting to lift objects above the level of her shoulder blades. She subsequently returned to her usual and customary job with 25 pounds lifting restrictions. On June 26, 2013, the patient was evaluated by [REDACTED] at [REDACTED] who recommended thoracic epidural steroid injections (ESIs) for management of symptoms of radiculopathy, in addition to MRI findings of T10-T11 disc protrusion.

**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 thoracic epidural steroid injections x3:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), criteria for the use of epidural steroid injections, which are not a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, page 46, which is a part of MTUS, as well as and literature from the American Association of Neurological Surgeons and the Congress of Neurological Surgeons, which is not a part of MTUS.

Rationale for the Decision:

The purpose of an epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. A guideline from the American Association of Neurological Surgeons and the Congress of Neurological Surgeons states that there is no evidence in the clinical literature supporting the long-term benefit of epidural injections or facet joint injections. The Chronic Pain guidelines further indicate that current research does not support series-of-three injections in either the diagnostic or therapeutic phase. Furthermore, research has now shown that, on average, less than two injections are required for a successful ESI outcome. **The request for thoracic epidural steroid injections x3 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

/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.