
Independent Medical Review Final Determination Letter

626

[REDACTED]
[REDACTED]
[REDACTED]

Dated: Select Date

IMR Case Number:	CM13-0017214	Date of Injury:	08/29/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	08/27/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MIDLINE EPIDURAL STEROID INJECTION CERVICAL 7 THORACIC 1			

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]
[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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 35-year-old who worked as a pick to pallet selector for [REDACTED], was being treated for the injury he sustained on the job on August 29, 2011. According to the medical records reviewed, patient stated that while making a left turn into and aisle, the machine the patient was driving suddenly locked on the brakes, causing the patient's whole body to stop, injuring the neck, shoulder, elbow, wrist, arms, thumb and low back. On October 12, 2012, the patient underwent a right endoscopic carpal tunnel release and right ulnar nerve decompression and release of the cubital tunnel at the elbow. Under general anesthesia this was followed by supervised physical therapy with some improvement. The patient subsequently underwent an MRI of the Cervical Spine on 1/25/2012 and CT scan of the Cervical spine on 01/11/2013 both of which were within normal limits. The patient underwent a conservative treatment, the most notable with reference to his shoulder and upper extremity. Also the patient received physical therapy to his cervical spine, which resulted in aggravation of his pain symptoms. The treating physician now requests for midline epidural injection at C7-T1 level, which was denied, and is the subject of this review.

IMR DECISION(S) AND RATIONALE(S)

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

1. Midline epidural steroid injection at C7-T1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS, as well as articles set forth by the American Association of Neurological Surgeons and the Congress of Neurological Surgeon; American Academy of Neurology, which is not part of the MTUS.

The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines epidural injections for back pain without radiculopathy is not recommended (Panel interpretation of information not meeting inclusion criteria for research-based evidence). The purpose of Epidural Spinal 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. (Resnick, 2005). The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) **The request for a midline epidural steroid injection at C7-T1 is not medically necessary and appropriate.**

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]

CM13-0017214