

## Independent Medical Review Final Determination Letter

926

[REDACTED]

Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0018082	<b>Date of Injury:</b>	11/21/2007
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
REPEAT CEVICAL EPIDURAL STEROID INJECTIONS LEFT C3-C4			

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 Interventional Pain, 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 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:

Patient suffers from chronic neck and head pains with radiation of symptoms into both arms. Examination showed hypoesthesia on the right C5 dermatome, some weakness of right biceps. The patient has had shoulder surgery twice, in 2009 and 2011. The patient had an ESI 8/30/12 with 60% improvement lasting 9-10 months. Prior cervical ESI was from 2011 with 75% improvement of symptoms lasting 11 months. MRI of C-spine is from 2/7/08, with 4mm disc protrusion at C3-4 and 2mm protrusions at C5-6 and C6-7. The request was denied by UR on 8/14/13 due to lack of specific approach for the injection. UR letter did believe that repeat injection was indicated based on the patient's prior response.

9/10/13 supplemental report by [REDACTED] argues that the patient should have repeat C-ESI based on the patient's prior results. The request was for interlaminar C3-4 catheter-guided steroid injection into the left C3-4 neuroforamen. 8/2/13 report by [REDACTED] indicates that the patient has increasing neck pain, headaches, upper extremity radicular symptoms on the left side. The patient takes up to 6 norco's per day but current at 4/day, Neurontin 600mg tid along with Meloxicam, Prilosec and Lexapro. Fioricet is used as needed for headaches. Exam showed weak right biceps, otherwise normal strength. Slight hypoesthesia noted on right C5 dermatome.

12/19/12, note by [REDACTED] documents "significant headaches", noted prior benefit from occipital block. Pain level at 5/10 with medication and at 8-9/10 without meds. Primary pain at neck and head. Norco at qid. Note from 1/16/13 references trigger point injections provided on 11/20/12 for neck pain.

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

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

**1. Repeat cervical steroid injections left C3-C4 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pages 46-47, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Although the treater makes the argument that the patient's prior C-ESI resulted in 60% improvement of neck pain and reduction of headaches lasting 9-10 months, the review of his own records would show otherwise. The patient had C-ESI on 8/30/12, but the report from December of 2012 would show the patient's pain level at 9/10 without meds and at 5/10 with meds. These levels are very similar to the patient's current level of pain. Furthermore, the patient received an occipital block on October 2012, just 2 months following C-ESI which counter's the treater's current statement that the ESI helped the patient's headaches significantly. If the headaches had improved, why was there a need for another procedure?

The patient's use of medications have not changed at all. On December 2012, the patient was taking 4 Norco's per day which is the same as the current dose. Therefore, one cannot verify the veracity of the statement that C-ESI from 8/30/12 reduced the patient's pain by 60% lasting 9-10 months. There certainly does not appear to have been any reduction of medication use and by looking at the patient's pain level, there has not been any significant change.

The patient does not present with cervical radiculopathies at C3 or C4 level although there is a 4mm disc protrusion at C3-4 and at the level that the treater would like to treat. Muscle weakness is of the biceps which is not innervated by C3 or C4. Dermatomal hypoesthesia is at C5 level, although sensory findings are typically not reliable.

ESI's help patient's radicular symptoms. The treater has argued that the injections have helped the patient's neck and headache symptoms which is suspect for placebo response.

Recommendation is for denial of the request. There is no documentation that the injection from 8/30/12 helped the patient. There were no changes in the patient's pain VAS, nor any changes in the patient's medication intake following the procedure. All of these are required by MTUS for a repeat injection. **The request for repeat cervical steroid injections left C3-C4 is not medically necessary and appropriate.**

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[REDACTED]

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