

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

12/22/2011

7/23/2013

CM13-0002706

- 1) MAXIMUS Federal Services, Inc. has determined the request for a right C3-C4 transforaminal epidural steroid injection (ESI) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 a right C3-C4 transforaminal epidural steroid injection (ESI) **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 Physical Medicine and Rehabilitation and Pain Management 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

“The patient is a 42 year old male s/p injury 12/22/11, now 1 1/2 years ago.”

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 for Independent Medical Review (received 7/23/13)
- Utilization Review from [REDACTED] (dated 7/10/13)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a right C3-C4 transforaminal epidural steroid injection (ESI):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 174-175, part of the California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Neck and Upper Back Complaints, Epidural steroid injection (ESI), a medical treatment guideline not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 12/22/11. The medical records provided for review indicate diagnoses of neck pain, thoracic pain and right upper extremity pain. An MRI of the cervical spine dated 6/12/13 showed congenital central spinal stenosis, straightened cervical curvature and minimal posterior disc protrusions at C3-4 and C4-5, which did not compress the underlying spinal cord. The request was submitted for a right C3-C4 transforaminal epidural steroid injection (ESI).

The guideline criteria for epidural steroid injections indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records submitted for review do not provide adequate documentation of objective findings to suggest radiculopathy and a complete neurologic exam is not associated with this request. There is a statement in a note with date of service 6/18/13 that the strength is "slight decreased" in the right upper extremity. This is a non-specific finding as the employee has known right upper extremity pain and shoulder pain, including "chronically worn labrum" on shoulder MRI done 12/12/12. A negative Spurling's maneuver is noted and deep tendon reflexes are 2+ in the upper extremities. No sensory examination is conducted. No specification of which myotomes are decreased on manual muscle testing is noted. Furthermore, electrodiagnostic testing failed to confirm the presence of any radiculopathy. The cervical MRI performed on 6/12/13 did show small disk protrusions at C3-4, C4-5 but no neural impingement is noted (although it is noted that radiculopathy can be present without direct neural impingement). **The request for a right C3-C4 transforaminal epidural steroid injection (ESI) is not medically necessary or 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, 18th Floor
Oakland, CA 94612

/th

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.