
Notice of Independent Medical Review Determination

Dated: 9/19/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/30/2002
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003043

- 1) MAXIMUS Federal Services, Inc. has determined the request for a right C4 cervical epidural injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a left C4 cervical epidural injection **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a right C5 cervical epidural injection **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a left C5 cervical epidural injection **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a right C6 cervical epidural injection **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a left C7 cervical epidural injection **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 C4 cervical epidural injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a left C4 cervical epidural injection **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a right C5 cervical epidural injection **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a left C5 cervical epidural injection **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a right C6 cervical epidural injection **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a left C7 cervical epidural injection **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 Occupational 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 17, 2013

██████████ is a 52 year old (DOB: 7/04/1961) female licensing and registration examiner that was read-ended and thrown over the floor while at work on 9/30/2002 injuring her right shoulder, Multiple head injury, Spinal cord neck, Both wrists, Both elbows, Both shoulders, Multiple Upper Extremities. Her current work status is not noted. The Right Shoulder, Multiple head injury, Spinal Cord neck, Both wrists, Both elbows, Both shoulders, Multiple Upper Extremities has been accepted by the carrier.”

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 7/24/13)
- Utilization Review Determination (dated 7/17/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for a right C4 cervical epidural injection :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a right C4 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a right C4 cervical epidural injection **is not medically necessary and appropriate.**

2) Regarding the request for a left C4 cervical epidural injection:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a left C4 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a left C4 cervical epidural injection **is not medically necessary and appropriate.**

3) Regarding the request for a right C5 cervical epidural injection:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a right C5 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a right C5 cervical epidural injection **is not medically necessary and appropriate.**

4) Regarding the request for a left C5 cervical epidural injection:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a left C5 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a left C5 cervical epidural injection **is not medically necessary and appropriate.**

5) Regarding the request for a right C6 cervical epidural injection:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a right C6 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a right C6 cervical epidural injection **is not medically necessary and appropriate.**

6) Regarding the request for a left C7 cervical epidural injection:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found the MTUS section 9792.20(f) applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/30/2002 the employee sustained an injury to the neck, back, bilateral wrist and elbows. Submitted and reviewed medical records indicate treatment has included: analgesic medications, cervical epidural steroid injection, arthroscopic shoulder surgeries and an MRI of the cervical spine. A submitted report dated 7/23/13 indicates that the employee is experiencing low back radiating to the lower extremities and neck pain radiating to the bilateral extremities. A request was submitted for a left C7 cervical epidural injection.

MTUS Chronic Pain Guidelines indicate epidural steroid injection therapy should include evidence of functional improvement demonstrated through prior epidural steroid injections. A review of medical records indicates that the employee had a prior epidural injection in 2008; however, there is no evidence of progressively diminishing work restrictions, improved work status, improved performance of activities of daily living and/or diminished reliance on medical treatment. The guidelines further indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The reviewed medical records do not provide evidence of radiculopathy by history, on exam, or through imaging studies and/or electrodiagnostic testing. The request for a left C7 cervical epidural injection **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.