

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

12/29/2003

7/25/2013

CM13-0003323

- 1) MAXIMUS Federal Services, Inc. has determined the request for a cervical epidural steroid block at left C6-C7 three (3) times **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 cervical epidural steroid block at left C6-C7 three (3) times **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 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 60 year old female whose date of injury is 12/29/2003. Mechanism of injury is not provided. MRI of the cervical spine dated 12/05/09 revealed at C6-7 there is combination of posterior spur and 3 mm broad based disc protrusion with mild spinal stenosis; there is no right neural foramina! narrowing. There is moderate to severe left neural foramina! narrowing. Progress report dated 05/30/13 indicates that the patient has had cervical epidural steroid injections in the distant past. On physical examination cervical range of motion is extension 30, flexion 45, rotation 45 and bilateral tilt 30 degrees. Sensory exam shows dullness to the 2nd, 3rd and 4th digits on the left. Motor exam shows weakness to grasp 1st to 5th digit opposition, slightly decreased deep tendon reflexes on the left compared to the right and negative Tinel's bilaterally.”

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
- Utilization Review Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a cervical epidural steroid block at left C6-C7 three (3) times:

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 Injection (ESI) section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 12/29/2003 and has left-sided cervical radiculopathy with decreased sensation in the left 2nd, 3rd and 4th digits. Treatment to date has included MRI's. The request is for a cervical epidural steroid block at left C6-C7 three (3) times.

The MTUS Chronic Pain Medical Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. The MTUS Chronic Pain Guidelines state current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and recommend no more than 2 ESI injections. Medical records submitted and reviewed indicate the employee has left-sided cervical radiculopathy. The employee meets the criteria for one ESI; however, the request is for three cervical ESIs, which is not in accordance with the MTUS Chronic Pain Guidelines. The request for a cervical epidural steroid block at left C6-C7 three (3) times **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

/ldh

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.