

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

3/21/2006

7/25/2013

CM13-0003384

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical 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 7/25/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 cervical 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 Preventative Medicine and Occupational Medicine, and is licensed to practice in New York. 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 18, 2013:

“DOI: 3/21/06 The request for epidural steroid injection to the cervical spine is non-certified. The side(s) and level(s) for treatment and the type of epidural steroid injection requested are not available for this review. There is no clear evidence of radicular pain at the present time. There is no clear documentation of pain in a specific dermatomal distribution or any corroborative findings of radiculopathy in an updated imaging study and/or electrodiagnostic testing report. The orthopedic report from [REDACTED], MD dated April 15, 2013 notes the injured worker feels like his neck is slowly getting better. He is just about 8 months out from an anterior and posterior revision fusion. Physical examination notes that he has no motor or sensory deficits appreciated today. EMG/nerve conduction study of 02/18/11 showing evidence of mild chronic left C6 radiculopathy and mild chronic right C7 radiculopathy. Cervical myelogram on 05/24/12 with the radiologist report indicating status post C5 through C7 ACDF. At C3-4 there is a small extradural defect suggesting a disc bulge. There is moderate right neural foraminal narrowing, but no central canal stenosis or left neural foraminal narrowing. The report dated 5/28/13 and corresponding request for authorization has been requested but are not available for this review. Per case notes, the doctor's report dated 5/28/13 notes that the injured worker presents today for primary pain management follow-up. Continues to have pain in his neck with decreased range of motion. It is a shooting, burning, throbbing pain that affects his personal life. He is doing physical therapy and using an interferential unit. On physical examination motor strength 4.5/5 bilateral upper extremities. Decreased range of motion noted interior flexion 40° and posterior extension at 10°. Left and right lateral rotation 25° and left lateral tilt to 10°. Requesting for cervical epidural steroid injection.”

### **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 07/25/2013)
- Utilization Review Determination from [REDACTED] (dated 07/17/2013)
- **No medical records were provided timely by the claims administrator**
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request cervical 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 Chronic Pain Medical Treatment Guidelines (2009), Epidural steroid injections, page 46, part of the MTUS. 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 sustained an industrial related injury on 3/21/2006. The requested medical records were not timely submitted for review. Per the Utilization Review clinical summary, a doctor's report dated 5/28/13 notes that the employee presented for primary pain management follow-up. The employee continued to have pain in his neck with shooting, burning, throbbing pain that affects personal life and decreased range of motion. The employee was attending physical therapy and using an interferential unit. A physical examination noted motor strength 4.5/5 bilateral upper extremities, decreased range of motion noted interior flexion 40° and posterior extension at 10°, left and right lateral rotation 25° and left lateral tilt to 10°. This request is for cervical epidural steroid injection (ESI).

Per MTUS Chronic Pain Medical Treatment Guidelines ESI's are recommended for radicular symptoms. Medical records were not submitted for review and the information provided does not indicate radicular symptoms arising from cervical lesions. The request for cervical epidural steroid injection (ESI) **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, 18<sup>th</sup> 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.