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**Notice of Independent Medical Review Determination**

Dated: 10/23/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/10/2013  
Date of Injury: 9/21/2012  
IMR Application Received: 7/25/2013  
MAXIMUS Case Number: CM13-0003423

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical ESI at C6-7 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar ESI at L4-5 **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 **Error! Reference source not found. is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for lumbar ESI at L4-5 **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The 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 Orthopedic Surgery, 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:

**History of Condition:** The question is: should the 1.) Cervical ESI at C6-7 2.) Lumbar ESI at L4-5 be authorized? History: [REDACTED] has a DOI of 09/21/12 and is noted to be a 43 y/o male. This patient has Lumbar spondylosis without myelopathy. MCM noted NARRATIVE: Injury/Mechanism of injury: This claim involves a 42 year old driver who has been with the insured since 5/1/07. The IW was involved in a motor vehicle accident on 9/21/12. The employee reports that the truck in front of him slammed on his brakes and he rear ended the truck. Employee was very dizzy because he hit his head on either the window or door. The day after this accident the EE had significant pain in his left shoulder and back. Treatment to date: 6 PT 9/2012-10/2012, MRI Cervical 10/17/13, EMG/NCS 11/1/12, 24 PT 10/2012-1/2013, MRI Lumbar 1/11/13, MRI Shoulder 1/11/13, EMG/NCS Lower extremities 1/10/13, 12 PT 2/2013-4/2013, audiogram, MRI Brain. Guideline/protocol referenced: MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. On 11/01/12 EMG/NCVs of upper extremities noted no radiculopathy. On 01/10/13 EMG/NCVs of lower extremities noted no radiculopathy. On 02/15/13 Dr. [REDACTED] noted EMG/NCVs were normal and lumbar spine noted two levels of disc bulge at L4-L5 and L5-S1 with left sided stenosis. Shoulder injection on that date with note of request for PT for left shoulder and lumbar spine. On 03/29/13 doctor noted MRI of cervical spine documented spondylosis with note of left sided C6-C7 neuroforaminal narrowing. On 05/02/13 AME evaluation. Diagnoses included chronic residuals of multiple strain/sprain injury. AME noted for future medical care that injections were possible in both cervical/lumbar spine. On 05/13/13 doctor noted evaluation. Rear ending another truck was mechanism of injury. Course of care summarized. Complaints included low back pain with left hip and left lower extremity radicular complaints. Also left shoulder pain with radiation into neck and down left upper extremity. Full ROM of neck noted with note of weakness in left hand with grip testing. Lumbar ROM decreased with intact sensation and motor testing. SLR positive on right leg. He noted MRI of cervical spine noted C6-C7 HNP to

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the left and also an HNP at L4-L5 in lumbar spine. Failure of care noted and request was submitted for both cervical and lumbar spine ESIs. This is now request for review.

## **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 7/25/2013)
- Utilization Review Determination from [REDACTED]
- Employee medical records from CA
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for cervical ESI at C6-7:**

#### 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, Epidural steroid injections (ESIs), page 49, part of the MTUS. The Expert Reviewer based his decision on the Chronic Pain Treatment Medical Guidelines, Epidural steroid injections, (ESIs), page 46, part of the MTUS, applicable and relevant to the issue at dispute.

#### Rationale for the Decision:

The employee sustained an industrial related injury on 09/21/2012. The records submitted for review note an MRI of the cervical spine conducted on 10/17/2012 revealed: (1) moderate central stenosis and severe left foraminal stenosis at C6-7 due to a bulge and there was a superimposed left foraminal disc protrusion; ligamentum flavum prominence also contributed to central stenosis; (2) mild central stenosis at C3-4 due to a disc bulge and there was trace bulging at C3-4 and C5-6 without canal stenosis. An Electrodiagnostic study was conducted on 01/10/2013 that revealed: (1) no electroneurographic evidence of entrapment neuropathy which was seen in the lower extremities; (2) electromyographic indicators of acute lumbar radiculopathy were not seen. A clinical note dated 06/20/2013 stated the employee had been seen and followed regarding complaints of headache problems since 01/31/2013. The employee continues to experience pain in the left shoulder, left hip, neck, and low back. A request was submitted for a cervical ESI at C6-7 and a lumbar ESI at L4-5.

Chronic Pain Guidelines state “epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” The guidelines also suggest that the patient should also be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. A review of the medical records noted evidence of moderate central stenosis and severe left foraminal stenosis at C6-7 due to a bulge with a superimposed left foraminal disc protrusion . However the medical records submitted did not document that there is evidence of dermatomal or myotomal deficits and there was no nerve root tension or signs indicating radiculopathy. The medical records did not indicate

there was any anatomic neurocompression via imaging and no documentation of radiculopathy, confirmed via EMG/NCV. The request for a cervical ESI at C6-7 is **not medically necessary and appropriate.**

**2) Regarding the request for lumbar ESI at L4-5 :**

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 Epidural steroid injections (ESIs), page 49, part of the MTUS. The Expert Reviewer based his decision on the Chronic Pain Treatment Medical Guidelines, Epidural steroid injections, (ESIs), page 46, part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an industrial related injury on 09/21/2012. The records submitted for review note an MRI of the cervical spine conducted on 10/17/2012 revealed: (1) moderate central stenosis and severe left foraminal stenosis at C6-7 due to a bulge and there was a superimposed left foraminal disc protrusion; ligamentum flavum prominence also contributed to central stenosis; (2) mild central stenosis at C3-4 due to a disc bulge and there was trace bulging at C3-4 and C5-6 without canal stenosis. An Electrodiagnostic study was conducted on 01/10/2013 that revealed: (1) no electroneurographic evidence of entrapment neuropathy which was seen in the lower extremities; (2) electromyographic indicators of acute lumbar radiculopathy were not seen. A clinical note dated 06/20/2013 stated the employee had been seen and followed regarding complaints of headache problems since 01/31/2013. The employee continues to experience pain in the left shoulder, left hip, neck, and low back. A request was submitted for a cervical ESI at C6-7 and a lumbar ESI at L4-5.

Chronic Pain Guidelines state “epidural steroid injections are recommended as an option for treatment of radicular pain. The purpose of the injection is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.” The guidelines also suggest that the employee should also be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The medical records note no electromyographic indicators of acute lumbar radiculopathy and there was no indication of any anatomic neurocompression lesion via imaging or evidence of radiculopathy, confirmed via EMG/NCV. The request for a lumbar ESI at L4-5 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.