

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	5/26/2009
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004257

- 1) MAXIMUS Federal Services, Inc. has determined the request for **three (3) cervical epidural injections with corticosteroids is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **two (2) radiologic lumbosacral spine exams is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **conscious sedation IV infusion therapy physician/supervision is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 **three (3) cervical epidural injections with corticosteroids is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **two (2) radiologic lumbosacral spine exams is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **conscious sedation IV infusion therapy physician/supervision 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.

Expert Reviewer Case Summary:

This claimant is a 49-year-old female with a reported date of injury of 05/26/2009. The mechanism of injury was described as keyboard registering patients. An MRI of the cervical spine was obtained which revealed intervertebral disc disease and degenerative changes without significant central canal stenosis at any level. There was no significant spondylolisthesis, and cord signal was grossly unremarkable and there were no acute compression fractures. An electrodiagnostic study was also performed demonstrating findings consistent with the presence of radiculopathy in a C5 distribution bilaterally. She was given a C6-7 interlaminar epidural steroid injection on 06/24/2013. On 07/09/2013, she returned to clinic and reported pain decreased from 7/10 to 3/10 and reported upper extremity paresthesias and discomfort had improved. Pinprick sensation was decreased in the right 1st, 2nd, 3rd, and 4th digits and left 1st, 2nd, and 3rd digits. Diagnoses include neck pain, cervical disc injuries, cervical radiculopathy, shoulder pain with myofascial pain and wrist tendinitis. On 07/24/2013, a request was made for epidural steroid injection repeat, with conscious sedation.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for three (3) cervical epidural injections with corticosteroids :

Section of the Medical Treatment Utilization Schedule 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), pg. 46, and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pgs. 174-175, which are part of the MTUS, and the Official Disability Guidelines (ODG), Criteria for the use of Epidural Steroid Injections, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 46, which is part of the MTUS, and the Official Disability Guidelines (ODG), Epidural Steroid Injections, which is not part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There should be initial unresponsiveness to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. If used for diagnostic purposes, MTUS Chronic Pain Guidelines advocate a maximum of 2 injections. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, MTUS Chronic Pain Guidelines indicate that repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS Chronic Pain Guidelines conclude by stating that current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They recommend no more than 2 ESIs.

The submitted records for this review indicate the employee underwent a C6-7 interlaminar epidural steroid injection on 06/24/2013 and returned to clinic on 07/09/2013, reported decreased pain from 7/10 to 3/10, and reported decreased paresthesias and decreased discomfort. However, this was not objectively documented at being 50%. The submitted records do not document the employee had 50% pain relief or more with associated reduction of medication usage for 6 to 8 weeks.

This is recommended by MTUS Chronic Pain Guidelines. Furthermore, the request for 3 epidural steroid injections does not include the anatomic site for which the injections are to be given. Additionally, the provider in the last clinical note concludes that the injections should be given with sedation that requires technical precision. In support of MTUS Chronic Pain Guidelines, the ODG indicates there is no evidence-based literature to make a firm recommendation as to sedation during an epidural steroid injection. ODG states the use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern per ODG is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is noted to be of particular concern in the cervical region. Routine use is not recommended except for patients with anxiety.

The submitted records do not indicate that the employee has significant anxiety for which conscious sedation would be utilized. Therefore, lacking support for a series of 3, lacking documentation of the specific anatomic site, lacking documentation of 50% improvement with medication reduction for 6 to 8 weeks as recommended by MTUS Chronic Pain Guidelines, and noting that the request is for conscious sedation not specifically endorsed by ODG. **The request for three (3) cervical epidural injections with corticosteroids is not medically necessary and appropriate.**

2) Regarding the request for two (2) radiologic lumbosacral spine exams :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), pages 303-305, which is part of MTUS.

Rationale for the Decision:

The submitted records do not demonstrate a medical necessity for this request as the 07/09/2013 primary treating physician progress report does not demonstrate any issues addressed to the lumbar spine. A subsequent request for authorization dated 07/24/2013 also fails to address medical necessity for the requested procedure. MTUS/ACOEM indicates that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. No red flags were documented on the medical records to demonstrate significant pathology, or pain even, to the lumbar spine for which 1 lumbar x-ray would be appropriate. This request for 2 radiological lumbosacral spine exams is not considered medically necessary at this time due to lack of significant documentation from the provider stating a medical necessity for the request and lack of documentation of significant red flags as recommended by MTUS/ACOEM Low Back Chapter. **The request for two (2) radiologic lumbosacral spine exams is not medically necessary and appropriate.**

3) Regarding the request for conscious sedation IV infusion therapy physician/supervision :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, which is not part of MTUS.

Rationale for the Decision:

It was noted that for sedation, there is no evidence-based literature to make a firm recommendation as to sedation during ESI. The use of sedation, according to ODG Pain Chapter, introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. ODG Pain Chapter goes further stating that major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation and this is of particular concern in the cervical region and routine use is not recommended except for patients with anxiety and the least amount of sedation for the shortest duration of effect is recommended. The submitted records do not indicate this employee has significant anxiety for which conscious sedation would be utilized. **Therefore, the request for conscious sedation IV infusion therapy physician/supervision 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,

Paul Manchester, MD, MPH
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.