

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/31/2013
Date of Injury:	9/5/2001
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0005993

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one C7-T1 interlaminar cervical epidural steroid injection** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 **one C7-T1 interlaminar cervical epidural steroid 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 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.

Expert Reviewer Case Summary:

The claimant is a 48 year old female injured on September 5, 2001. She sustained an injury to the neck and the low back. Additionally, she suffered pain to the shoulder secondary to a fall at work specific to the claimant's neck. The clinical assessment of July 16, 2013 documented continued left shoulder pain and complaints of headaches with radiating upper extremity pain with notation that she had had beneficial response to an epidural injection in the past and a recent injection was denied by the carrier. The objective findings demonstrated "no significant change" with no documentation of neurological findings or cervical evaluation noted. The working assessment was persistent left upper extremity pain with disc protrusion at C5-6 on 2008 MRI scan. The treating physician indicates the claimant was with normal electrodiagnostic studies of the upper extremities from May 5, 2011. The request for an interlaminar injection at the C7-T1 was recommended for further definitive care. It states a recent epidural injection of October 2012 provided seven months of relief. The previous physical examination for review showed strength deficit to 4/5 to the left upper extremity with positive Spurling test in an assessment on May 13, 2013. MRI cervical spine January 21, 2010 showed a three millimeter C5-6 disc bulge effacing the thecal sack without significant central or foraminal stenosis.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for one C7-T1 interlaminar cervical epidural steroid injection :

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pages 174-175, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Criteria for the Use of Epidural Steroid Injections (ESI), which is part of MTUS.

Rationale for the Decision:

The medical records provided for review do not reveal any physical examination findings to correlate, in this case, to prior imaging or electrodiagnostic testing. The magnetic resonance imaging (MRI) scan for review from 2010 showed no compressive findings. The electrodiagnostic report from 2011 was normal. The California MTUS guidelines only support the role of epidural injections if clear clinical correlation between the requested level of injection is documented by the physical examination and testing findings. **The request for one C7-T1 interlaminar cervical epidural steroid 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,

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.