

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 10/24/2008
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006426

- 1) MAXIMUS Federal Services, Inc. has determined the request for **T1 interlaminar cervical epidural injection with fluoroscopy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture x 12 sessions is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine pt 2x6 sessions is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **T1 interlaminar cervical epidural injection with fluoroscopy is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture x 12 sessions is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **cervical spine pt 2x6 sessions 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:

The patient sustained an industrial injury on 10/24/08. The claimant was treated for rotator cuff syndrome, s/p shoulder arthroscopy. In addition, patient was also diagnosed with cervical disc degeneration, cervical disc displacement, brachial neuritis, cervicobrachial syndrome.

“In the past, he states that he has tried epidural injections and this has helped him”

The MRI report of the cervical spine revealed straightening of the cervical spine curvature, suggesting muscle spasm. At C5-6 there is a 2 mm broad-based disc bulge with 3 mm right foraminal to far right lateral eccentric disc bulge/osteophyte complex and bilateral uncovertebral osteophytosis causing severe right neural foraminal stenosis, mild-to-moderate left neural foraminal stenosis, and mild central canal stenosis measuring 9 mm AP. Mild to moderate degenerative changes at the remaining cervical spine levels.

In 7/1/13 progress note: the claimant complained of neck pain that radiates down the left upper extremity. He has associated headaches and numbness and tingling in the left arm that intermittently radiates down the right upper extremity. Pain fluctuates throughout the day and can be as high as 10/10.

Physical examination reveals myofascial spasms are palpated in the cervical region. Upper extremity strength remains 5/5 and intact throughout. Sensation is intact throughout. Deep tendon reflexes are 2/4 in the biceps tendon and brachioradialis and 2+/4 at the triceps tendons .

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 Claim Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for: T1 interlaminar cervical epidural injection with fluoroscopy

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), page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), page 46, which is part of the MTUS.

Rationale for the Decision:

Documentation does not meet the MTUS Chronic Pain guidelines criteria for medical necessity of epidural steroid injections for the following reasons: 1) the documentation does not describe percentage of analgesic response and duration of effect following prior epidural steroid injections in April of 2012, 2) the documentation does not describe functional benefit and duration of effect following prior epidural steroid injections in April of 2012, and 3) the documentation does not identify physical examinations consistent with radiculopathy. **The request for T1 interlaminar cervical epidural steroid injection with fluoroscopy is not medically necessary and appropriate.**

2) Regarding the request for: acupuncture x 12 sessions

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 Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, page 8, which is part of the MTUS, and Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg. 174, which is part of the MTUS.

Rationale for the Decision:

There is no documentation in the record of medication intolerance or participation in a medication reduction program. There is no mention in the record of participation in a physical rehabilitation program. The employee has not had surgery. Therefore, according to the MTUS Acupuncture Medical Treatment guidelines, the request for acupunctures is not supported. **The request for acupuncture x 12 sessions is not medically necessary and appropriate.**

3) Regarding the request for: cervical spine pt 2x6 sessions

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 Official Disability Guidelines (ODG), Physical Therapy Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The employee has a date of injury in 2008. The employee should have been progressed to a self-directed home program. There was no documentation in the records as to why the employee would need supervised physical therapy beyond the acute phase. Therefore, the request for physical therapy is not supported. **The request for cervical spine physical therapy two times six sessions 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.