

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/22/2013  
Date of Injury: 4/28/2010  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0007991

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
/MCC

## **HOW THE IMR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 physician 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 disputed items/services.

## **DOCUMENTS REVIEWED**

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)

## **CLINICAL CASE SUMMARY**

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 62-year-old female presenting with neck pain and left shoulder pain following a work-related injury on April 28, 2010. The claimant reports numbness and tingling in the bilateral hands. The physical exam was significant for well-healed scar from a previous anterior and posterior cervical fusion, decreased cervical range of motion, decreased bilateral hand grip, decreased sensation of bilateral hands, tenderness to palpation over cervical paraspinal muscles. MRI of the cervical spine demonstrated degenerative disc disease with anterolisthesis at C7-T1 and T1 to with postoperative changes at C4-C7, central canal stenosis at C3-4 moderate, and neuroforaminal narrowing at C3-4 mild on the right and C4-5 moderate on the right. The claimant was diagnosed with posterior cervical spine fusion pain and cervical radiculopathy.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. Cervical Epidural Steroid injections-Cervical Spine 1x1 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Epidural Steroid Injections, page 47, which is part of the MTUS, and Abdi, Salahadin et al., Epidural Steroids in the Management of Chronic Spinal Pain: A Systemic Review *Pain Physician Journal* 2007;10: pages 185-212, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state that the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The medical records provided for review do not provide evidence for radiculopathy, specifically on imaging which documented an MRI of the cervical spine significant for moderate central stenosis at C3-4 and mild to moderate neuroforaminal narrowing at C3-4 and C4-5. There is no documentation of a specific nerve root compression consistent with the employee's symptoms and physical exam. Additionally, without evidence for true nerve root pathology, a cervical epidural steroid injection is not indicated in this case. Abdi et al. (*Pain Physician Journal*, 2007) performed a systematic review utilizing the criteria established by the Agency for Healthcare Research and Quality (AHRQ) for evaluation of randomized and non-randomized trials and criteria of Cochrane Musculoskeletal Review group for randomized trials. The authors found that there was moderate evidence for interlaminar epidurals in the cervical spine and limited evidence in the lumbar spine for long-term relief. **The request for Cervical Epidural Steroid Injections- Cervical Spine 1x1 is not medically necessary and appropriate.**

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.

