

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 6/3/2011
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0009198

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]

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 Medicine 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 the 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 patient is a 53-year-old female who reported an injury on 06/03/2011, mechanism of injury not stated. The patient is noted to have complaints of ongoing pain and neck discomfort with associated numbness and tingling on examination. The patient was noted to have undergone an MRI of the cervical spine on 10/24/2011, which reported a mild degenerative loss of disc height and a 3 mm broad-based right paracentral intraforaminal disc extrusion with mild superior extension of disc, mild right ventral impression on the cord and mild central canal stenosis at C5-6 with moderate right foraminal stenosis with the potential for impingement on the C6 nerve root. Mild left facet arthropathy from the C2-3 level through the C7-T1 level was noted. At C3-4, there was mild left neural foraminal stenosis due to encroachment by the disc bulge and uncovertebral osteophyte. The patient underwent an electrodiagnostic study of the bilateral upper extremities on 02/11/2013 and is noted to have findings of mild ulnar neuropathy across the elbow of the left upper extremity, no electrodiagnostic evidence for peripheral neuropathy, normal bilateral radial sensory and motor studies, normal bilateral median sensory and motor nerve studies. The EMG of the bilateral upper extremities and cervical paraspinal was without active or chronic denervation potential suggesting a motor cervical radiculopathy at that time. The clinical note dated 04/01/2013, signed by Dr. [REDACTED], reported that the patient continued to have been experiencing pain in her neck, radiating down both of her upper extremities with numbness and tingling into both hands on a daily basis, which fluctuates based on her position and activity level and could increase to a 6/10 in intensity. She denied any upper extremity weakness. The patient was noted to have limited range of motion of the cervical spine in all directions. Gross upper extremity strength was 5/5. The patient was noted to have mildly diminished triceps and biceps tendons, which was 2/4 and symmetrical. The brachioradialis was intact, and sensation was intact to light touch and pinprick. A clinical note dated 06/17/2013 reported that the patient had been undergoing acupuncture treatments and had a noticeable decrease in her headaches. She continued to have discomfort in her neck with numbness and tingling in both hands. The patient was noted to have full, intact range of motion of the cervical

spine and full upper extremity strength at 5/5 throughout. She was noted to have a diminishment in triceps and biceps deep tendon reflexes at 2/4 and symmetrical. The brachioradialis was 2+/4 and symmetrical. Sensation was intact to light touch and pinprick.

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 Injection with Fluoroscopy C7-T1 is not medically necessary and appropriate.

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

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

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines recommend epidural steroid injections for patients with radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing that is initially unresponsive to conservative care, including exercise, physical methods, NSAIDs and muscle relaxants. In this case, the employee is reported to complain of neck pain and numbness and tingling in the bilateral hands; however, although the MRI indicates findings of possible nerve root impingement at C5-6 on the right and C3-4 on the left, the electrodiagnostic study was reported to be normal, and the employee is noted to have no abnormal findings on physical examination other than a slight decrease in deep tendon reflexes at the triceps and biceps bilaterally. As such, the requested cervical epidural steroid injection does not meet guideline recommendations. The request for a cervical epidural steroid injection with fluoroscopy at C7-T1 is not medically necessary and appropriate.

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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.

[REDACTED]

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