

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	3/3/2010
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009650

- 1) MAXIMUS Federal Services, Inc. has determined the request for **series of two cervical epidural steroid injections** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **series of two cervical epidural steroid injections** 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 Connecticut, Pennsylvania, Texas. 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 is a 53 year old female with a date of injury of 03/03/2010 after being rear ended in a motor vehicle accident. The 08/04/2012 MRI of the cervical spine report documented spondylotic disc spur complex at Cervical (C) C5-6 contacting the left ventral lateral aspect of the cord without causing frank cord compression, disc spur complex and hypertrophic left facet causing mild the left foraminal and lateral recess stenosis at C5-6, minimal right C5-6 foraminal stenosis, mild cervical muscle spasm, tiny protrusion at C2-3 and C3-4 which did not contact the cord or narrow the canal and minimal spondylosis at C4-5 and C6-7 without significant canal or foraminal stenosis. The cervical spine flexion and extension views, dated 07/09/2012, revealed moderate changes at C5-6 and muscle spasm. There was no abnormal motion on flexion or extension. The 05/03/2013 electromyography report documented chronic bilateral C5-6 radiculopathy without acute denervation that does correspond with her symptoms. On 07/08/2013, Dr. [REDACTED] performed a C7- Thoracic (T) 1 epidural steroid injection. Dr. [REDACTED] evaluated the claimant on 07/15/2013. The claimant reported the cervical epidural steroid injection from 07/08/2013 provided 50 percent pain relief. The pain intensity was 4/10. Examination of the cervical spine revealed tenderness to palpation over the posterior cervical spine and paravertebral spinal muscles, loss of lordosis, restricted range of motion in all planes and positive foraminal compression test and Spurling maneuver. Strength was 5/5 to the upper extremities. There were diminished reflexes in the biceps and brachioradialis. Sensation was diminished to the right upper extremity over the C4, C5 and C6 dermatomes. Diagnosis was cervical disc desiccation, cervical intervertebral disc herniation at C3-4, C4-5 and C5-6 and cervical radiculitis. Dr. [REDACTED] stated the claimant reported 25 to 50 percent pain relief especially into the arms and was taking less Celebrex. Dr. [REDACTED] recommended a series of two cervical epidural steroid injections. She was to continue her current medications. On 07/24/2013, Dr. [REDACTED] denied the cervical epidural steroid injections due to the 07/08/2013 cervical epidural steroid injection providing only 25 to 50 percent pain relief

for one week only. On 09/16/2013 Dr. Shortz of neurological surgery examined the claimant for complaints of neck and bilateral upper extremity pain associated with numbness and tingling and weakness in the arms, hands, legs and feet. She was taking pain medications. The cervical pain intensity was 7-8/10. Dr. [REDACTED] stated the MRI of the cervical spine, dated 08/04/2012, showed spondylotic disc spur complex at C5-6 which contacted the left ventral lateral aspect of the cord without causing frank cord compression, disc spur complex and hypertrophic left facet causing mild left foraminal and lateral recess stenosis at C5-6, minimal right C5-6 foraminal stenosis, mild cervical muscle spasm, tiny protrusions at C2-3, C3-4 and did not contact the cord or narrow the canal, minimal spondylosis at C4-5 and C6-7 without significant canal or foraminal stenosis. Examination of the cervical spine revealed tenderness to palpation over the posterior cervical spine and paravertebral spinal muscles, loss of lordosis, restricted range of motion in all planes and positive foraminal compression test and Spurling maneuver. Strength was 5/5 to the upper extremities. There were diminished reflexes in the biceps and brachioradialis. Sensation was diminished to the right upper extremity over the C4, C5 and C6 dermatomes. Diagnosis was cervical disc desiccation, cervical intervertebral disc herniation at C3-4, C4-5 and C5-6 and cervical radiculitis. Dr. [REDACTED] recommended Naprosyn, Ultracet, and topical NSAIDS cream and patches. She was to follow up in one month's time. Work restrictions were recommended.

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 series of two cervical epidural steroid injections :

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 California MTUS 2009, Chronic Pain Medical Treatment Guidelines page 46, which is a part of the MTUS.

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

Rationale for the Decision:

A review of the records provided indicates that this employee has cervical degenerative disc disease on imaging with a positive Spurling on examination. The provider's office note from 07/15/2013 noted the employee had 25 to 50 percent relief and less usage of Celebrex following the July 2013 epidural steroid injection. The peer review performed on 07/24/2013 noted the employee had relief for only one week post injection. CA MTUS Guidelines states "In the therapeutic phase, 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.” In light of only one week of relief following the injection, additional injections are not recommended. **The request for series of two cervical epidural steroid injections 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

/cmol

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.