

## Independent Medical Review Final Determination Letter

212

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0024239	<b>Date of Injury:</b>	09/26/2007
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

54 y.o. female with injury from 9/26/07 suffers from chronic neck and low back pains. MRI of C-spine from October 2012 showed foraminal stenosis at C5-6 and 6-7. EMG were negative in the past. MRI of L-spine showed 4 mm bulging disc at L5-1 level. The patient has had conservative care. UR letter from 8/20/13 reads that the requests were denied stating that the patient must be initially unresponsive to conservative treatment and the treatment records showed some response to treatments. Furthermore, 3 levels were being requested with MTUS guidelines only allowing 2 levels.

Review of the medical records shows a QMR report from 9/19/11 with the information that the patient had an ESI(C-spine) in the past without benefit(Dr. [REDACTED] QME report page 4 of 11) and that due to lack of response to epidurals, Dr. [REDACTED] recommended cervical fusion which has been denied by UR. On his examination no sensory or motor changes were noted. Reflexes were normal for Cervical and Lumbar spine. MRI of L-spine from 10/18/10 was reported to have 3-4 mm disc bulge at L5-S1, foraminal stenosis of C-spine at C5-7. The most recent report is from 6/13/13 by Dr. [REDACTED] does not describe symptom location and examination is normal. 5/9/13 report has the same information. Patient is not working and is not a surgical candidate. Patient is on Percocet. Similar information without symptom location or exam findings on 4/3/13. 1/23/13 report by Dr. [REDACTED] has similar information but also state that Dr. [REDACTED] had suggested surgery but she does not wish surgery.

There is a report from 7/30/13 by Dr. [REDACTED] requesting Cervical and Lumbar ESI's, bilaterally at C5-7 and L5-S1. No rationale is provided, no discussion as to why the request, whether or not it has helped in the past, no symptom location and no discussion of MRI findings.

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

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

**1. 1 selected bilateral transforaminal epidural steroid injection at C5-C6, C6-C7, and L5-S1 is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, pages 46-47, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The provider has asked for transforaminal bilateral ESI's at C5-7 and L5-S1. However, the treater does not discuss symptom locations, whether or not there are any radicular symptoms. The treater does not discuss MRI findings and how this may or may not be causing the patient's radicular symptoms in these were present. The examination findings are benign without any sensory/motor or other changes such as straight leg raising tests. Furthermore, review of the MRI reports show minimal and diffuse degenerative changes. While foraminal stenosis can result in radiculopathy condition, in this patient, there is lack of documentation of any radicular symptoms in any distribution to make such judgment.

Finally, there is a reference to ESI's tried in the past per 2011 report by a QME. It shows that it did not work. The treater does not indicate why ESI's are being tried again. The treater does not describe any changes in symptoms, no new injuries. MTUS does not recommend repeating ESI's unless there has been significant improvement. MTUS does not support the use of ESI's unless radiculopathy has been documented. Recommendation is for a denial. **The request for 1 selected bilateral transforaminal epidural steroid injection at C5-C6, C6-C7, and L5-S1 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.

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CM13-0024239