MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 9/27/2013

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/8/2013
Date of Injury:	2/15/2001
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002776

1) MAXIMUS Federal Services, Inc. has determined the request for a trigger point injection for myofascial pain **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Depomedrol **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for syringes **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for low back pain (frequency/duration unspecified) **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for a left SI injection **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for a follow up visit with a specialist orthopedic surgeon **is not medically necessary and appropriate**

7) MAXIMUS Federal Services, Inc. has determined the request for Flector 1.3% transdermal patch #60 **is not medically necessary and appropriate**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 a trigger point injection for myofascial pain **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for Depomedrol **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for syringes **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for physical therapy for low back pain (frequency/duration unspecified) **is not medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for a left SI injection **is not medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for a follow up visit with a specialist orthopedic surgeon **is not medically necessary and appropriate**

7) MAXIMUS Federal Services, Inc. has determined the request for Flector 1.3% transdermal patch #60 **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.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

"It is noted the patient's date of injury is February 15, 2001. Received June 26, 2013 is a State of California Division of Workers' Compensation Request for Medical Treatment (DWC Form RFA) on patient [redacted] from provider [redacted], D. O. for diagnosis: Myositis; Procedure requested: Trigger Point Injection, Depomerdrol, and Syringes. Date of request: June 18, 2013.

"Also received is a Regular Follow-Up Appointment Report on Ms. [redacted] from Dr. [redacted]. Encounter date: June 18, 2013.

"In Dr. [redacted] report she notes the chief complaints of low back pain, fibromyalgia, arthritis pain, and leg pain.

"Current medications are listed as: Inderal 80 mg, Lunesta 3 mg, MS Contin 15 mg, MS Contin 30 mg and MSir 30mg.

"On examination there is positive tenderness to palpation at the LEFT SI joint and positive muscular spasm in the lumbar spine and mid-thoracis spine.

"The patient is described as alert and non-dedated with Euthymic mood with a normal cranial nerve exam, normal speech and normal pupil size. The gait is described as antalgic with cane."

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 for Independent Medical Review (received 7/24/13)
- Utilization Review Determination (dated 7/8/13)
- Medical Records from [redacted], DO, MPH (dated 10/5/12-6/18/13)
- Medical Records from [redacted] (Dated 7/19/13)
- Medical Records from [redacted] (dated 7/12/12-7/15/13)
- Toxicology Screening from [redacted] (dated 6/20/13)
- MTUS Chronic Pain Medical Treatment Guidelines (2009), page 122
- Official Disability Guidelines (ODG) (2009), Physical Therapy, Preface, Physical Therapy, page 23
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pages 111-112

1) **Regarding the request for a trigger point injection for myofascial pain :**

   Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
   The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Trigger Point Injections, page 122, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 2/15/2001 the employee sustained an injury to the low back. The medical records submitted and reviewed indicate treatment has included; medications, laminectomy, home exercise, cane, back brace, epidural injections, and pain management. A report dated 6/18/13 indicates that the employee has continued back pain, fibromyalgia, arthritis and leg pain. A request was submitted for trigger point injections, Depomedrol, syringes, physical therapy, left SI joint injections, follow up visit with an Orthopedic Surgeon and Flector 1.3% Transdermal Patch # 60

MTUS Chronic Pain Guidelines recommend trigger point injections for the treatment of chronic low back or neck pain with myofascial pain syndrome when specific criteria are met, including "documentation of circumscribed trigger points with evidence upon palpitation of a twitch response as well as referred pain". The medical records reviewed indicated the employee has been diagnosed with myofascial pain, however there was no documentation indicating the presence of trigger points. The MTUS criteria for a trigger point injection have not been met in this case. The request for a trigger point injection for myofascial pain **is not medically necessary or appropriate.**

2) **Regarding the request for Depomedrol:**

Rationale for the Decision:
Since the request for a trigger point injection for myofascial pain is not medically necessary, none of the associated services are medically necessary and appropriate.

3) **Regarding the request for syringes:**

Rationale for the Decision:
Since the request for a trigger point injection for myofascial pain is not medically necessary, none of the associated services are medically necessary and appropriate.

4) **Regarding the request for physical therapy for low back pain (frequency/duration unspecified):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Physical Therapy, page 23, a Medical Treatment Guideline (MTG) not part of the part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 2/15/2001 the employee sustained an injury to the low back. The medical records submitted and reviewed indicate treatment has included; medications, laminectomy, home exercise, cane, back brace, epidural injections, and pain management. A report dated 6/18/13 indicates that the employee has continued back pain, fibromyalgia, arthritis and leg pain. A request was submitted for trigger point injections, Depomedrol, syringes, physical therapy, left SI joint injections, follow up visit with an Orthopedic Surgeon and Flector 1.3% Transdermal Patch # 60

MTUS guidelines could not be utilized due to the vagueness of this request. The Official Disability Guidelines recommend an initial "six-visit clinical trial" of physical therapy for low back complaints and patients should be formally assessed upon completion of this trial to ensure they are moving in a positive direction. However, the submitted request for physical therapy does not specify the duration, frequency, or number of visits requested. The request for physical therapy for low back pain (frequency/duration unspecified) **is not medically necessary and appropriate**.

5) Regarding the request for a left SI injection:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not provide any evidence basis for their clinical rationale. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found no section of the Medical Treatment Utilization Schedule (MTUS) to be applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), (current version), Hip Chapter, Sacroliliac joint block, a medical treatment guideline not a part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 2/15/2001 the employee sustained an injury to the low back. The medical records submitted and reviewed indicate treatment has included; medications, laminectomy, home exercise, cane, back brace, epidural injections, and pain management. A report dated 6/18/13 indicates that the employee has continued back pain, fibromyalgia, arthritis and leg pain. A request was submitted for trigger point injections, Depomedrol, syringes, physical therapy, left SI joint injections, follow up visit with an Orthopedic Surgeon and Flector 1.3% Transdermal Patch # 60

The Official Disability Guidelines recommend sacroiliac (SI) joint injections for joint dysfunction but require at least three positive tests for motion, palpitation and pain provocation. The medical records reviewed indicate only one examination finding of tenderness to palpitation (TTP). The request is not in accordance with medical treatment guidelines. The request for a left SI injection **is not medically necessary and appropriate.**

6) **Regarding the request for a follow up visit with a specialist orthopedic surgeon :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator did not use any evidence basis for its decision. The provider did not dispute the lack of evidence-based guidelines used by the Claims Administrator. The Expert Reviewer found no section of the Medical Treatment Utilization Schedule (MTUS) applicable and relevant to the issue at dispute. The Expert Reviewer found the ACOEM Practice Guidelines, 2nd Edition (2004), Foundation Chapter - Chapter 7, pg. 127, a medical treatment guideline not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 2/15/2001 the employee sustained an injury to the low back. The medical records submitted and reviewed indicate treatment has included; medications, laminectomy, home exercise, cane, back brace, epidural injections, and pain management. A report dated 6/18/13 indicates that the employee has continued back pain, fibromyalgia, arthritis and leg pain. A request was submitted for trigger point injections, Depomedrol, syringes, physical therapy, left SI joint injections, follow up visit with an Orthopedic Surgeon and Flector 1.3% Transdermal Patch # 60

ACOEM guidelines indicate that a referral for to a specialist may be appropriate to "aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work". However, the reviewed medical records do not indicate that an orthopedic surgeon has been recently consulted as there are no records available from an orthopedist and no surgical procedures were documented. There was no rationale provided in the reviewed records for a follow-up with an orthopedic surgeon. The request for a follow up visit with a specialist orthopedic surgeon **is not medically necessary and appropriate.**

7) **Regarding the request for Flector 1.3% transdermal patch #60:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, page 111-112, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:
On 2/15/2001 the employee sustained an injury to the low back. The medical records submitted and reviewed indicate treatment has included; medications, laminectomy, home exercise, cane, back brace, epidural injections, and pain

management. A report dated 6/18/13 indicates that the employee has continued back pain, fibromyalgia, arthritis and leg pain. A request was submitted for trigger point injections, Depomedrol, syringes, physical therapy, left SI joint injections, follow up visit with an Orthopedic Surgeon and Flector 1.3% Transdermal Patch # 60

MTUS Chronic Pain Guidelines state topical diclofenac (Flector patch) is indicated for relief of osteoarthritis pain in joints such as the elbow, hand, knee, and wrist, but is not recommended for neuropathic pain. There is no evidence to support the use of topical NSAIDS for osteoarthritis pain of the spine, hip, or shoulder. The reviewed medical records indicate that the employee sustained an injury to the lumbar spine, and has a diagnosis of lumbar stenosis. The request is not in accordance with MTUS guidelines. The request for Flector 1.3% transdermal patch # 60 **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

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.