
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

7/14/2003

7/24/2013

CM13-0003147

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for trigger point injections times three (3) (DOS: June 5, 2013) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Toradal Intramuscular Injection (DOS: June 5, 2013) **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 7/15/2013. 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 retrospective request for trigger point injections times three (3) (DOS: June 5, 2013) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for Toradal Intramuscular Injection (DOS: June 5, 2013) **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 & Rehabilitation and 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 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 15, 2013:

"Ms. [REDACTED] is a 65 year old woman with an accepted claim of injury to multiple body parts secondary to falling when a chair slipped out from under her on July 14, 2003 while employes as a teacher for the [REDACTED]. She has undergone repeated cervical spine surgery and remains significantly symptomatic."

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/15/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the retrospective request for trigger point injections times three (3) (DOS: June 5, 2013):

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 (May, 2009), pg. 122 which is 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 14, 2003 to the neck, back, and bilateral wrists. The medical records provided for review indicate the diagnoses of Status Post Anterior Cervical Discectomy and C3-C7 Fusion, Cervical Spondylosis, Cervical Radiculitis, Cervical Facet Syndrome, Neck Pain, Lumbar Stenosis, Lumbar Radiculitis, muscle spasms, bilateral carpal tunnel syndrome, and odontoid fracture. Treatments have included home exercises, physical therapy, cervical surgery, and medication management. The request is for retrospective trigger point injections times three (3).

The MTUS Chronic Pain guidelines require documentation of trigger points and functional improvement of previous trigger point injections before completion of additional trigger point injections. The medical records provided for review do not specifically document trigger points on physical examination, but only describe spasms over the back. There is also a lack of documentation of functional improvement with previous trigger point injections. The request for retrospective trigger point injections times three (3) (DOS: June 5, 2013) **is not medically necessary and appropriate.**

2) Regarding the request for retrospective Toradal Intramuscular Injection (DOS: June 5, 2013):

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), pg. 72 which is 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 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 14, 2003 to the neck, back, and bilateral wrists. The medical records provided for review indicate the diagnoses of Status Post Anterior Cervical Discectomy and C3-C7 Fusion, Cervical Spondylosis, Cervical Radiculitis, Cervical Facet Syndrome, Neck Pain, Lumbar Stenosis, Lumbar Radiculitis, muscle spasms, bilateral carpal tunnel syndrome, and odontoid fracture. Treatments have included home exercises,

physical therapy, cervical surgery, and medication management. The request is for Toradol Intramuscular Injection.

The MTUS Chronic Pain guidelines indicate Toradol Intramuscular injection for acute pain. The medical record of June 5, 2014 does not show an acute exacerbation of pain. The retrospective request for Toradol Intramuscular injection (DOS: June 5, 2013) **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

/hs

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.



