

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

10/18/2002

7/25/2013

CM13-0003558

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injection bilateral cervical and trapezius under ultrasound guidance **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 trigger point injection bilateral cervical and trapezius under ultrasound guidance **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The 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 16, 2013:

██████████ is a 48 year old (DOB: ██████████) female that slipped and fell on a wet floor while at work on 10/18/02 injuring her right shoulder and back. Occupation and current work status is unknown. Right shoulder, disc (neck), disc (back), right elbow and right wrist have been accepted by the carrier.”

### 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 7/25/13)
- Utilization Review Determination from ██████████ (dated 7/16/13)
- Employee Medical Records from ██████████
- Employee Medical Records Employee Representative (received 8/23/13)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** trigger point injection bilateral cervical and trapezius under ultrasound guidance:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 122, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg 122, criteria for the use of Trigger point injections, which is a part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 10/18/2002. The request is for trigger point injection bilateral cervical and trapezius under ultrasound guidance.

MTUS/ACOEM Chronic Pain Guidelines indicate that trigger point injections (TPI) with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criterias are met:

- (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain;
- (2) Symptoms have persisted for more than three months;
- (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;
- (4) Radiculopathy is not present (by exam, imaging, or neuro-testing);
- (5) Not more than 3-4 injections per session;
- (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement;
- (7) Frequency should not be at an interval less than two months;
- (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004).

Based on the medical records provided for review, MTUS criteria for TPI (trigger point injections) was not met. It is unclear if the pain experienced by the employee persisted for more than 3 months. There is a report dated 6/27/13 stating there is no tenderness to palpation over the cervical and thoracic paraspinals. Another report dated 6/27/13 states there is tenderness and there is increased myofascial pain syndrome, which contradicts the other exam that was reported on the same date. There are now "tender points" palpable in the cervical paraspinals and trapezius. The medical records provided for review did not include documentation and/or a report clarifying why there are 2 reports dated 6/27/13 and why they contain different exam findings. **The request for trigger point injection bilateral cervical and trapezius under ultrasound guidance 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/mbg

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.