

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	4/1/1994
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004219

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Oxycodone 15 mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **4 trigger point injections to the lower back is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **2 greater occipital nerve blocks, one on each side is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **3 trigger point injections lower neck and upper back is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 **Oxycodone 15 mg #120 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **4 trigger point injections to the lower back is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **2 greater occipital nerve blocks, one on each side is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **3 trigger point injections lower neck and upper back 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.

### Expert Reviewer Case Summary:

The patient is a 55-year-old male who is reported to have been injured on 04/01/1994. A clinical note dated 06/06/2013 reported the patient was seen for a pain management re-evaluation. Patient is noted to complain of significant pain rated 8/10 to 9/10 in the upper back region, the back of the head, and bitemporal areas of his head, and burning pain with cramping in both upper extremities, burning pain in the lower back and down there lower extremities, worse on the right. The patient is reported to have been requesting trigger point injections and nerve blocks on that date. On physical examination, the patient is noted to have tenderness to palpation of the paracervicals, the scalene muscles and rhomboids, trapezius trigger point pain, and supraspinatus trigger point pain with palpable spasms in the left upper extremity. The patient was reported on examination to have tenderness over the occipital protuberance, the transverse processes on the right and left at C2, and also the lower subsequent lateral pillar or facet levels. The patient is noted to have decreased range of motion in rotation, lateral flexion, flexion and extension with pain on range of motion.

Examination of the lumbar spine noted tenderness to the bilateral lumbosacral paraspinal muscles in the quadratus lumborum bilaterally. A clinical note signed by Dr. [REDACTED] dated 07/08/2013, reported the patient complained of chronic pain in the neck and suboccipital regions, worse than the mid back and lower back, and reported recent increased stiffness of the cervical spine and upper trapezius, where patient was reported to not respond to the usual means of relief, including heat, massage, and stretching. Patient's medications were reported to have been stable for years. The patient reported the fentanyl patch remained helpful with no significant side effects and without the use of the pain medications, the pain was 10/10 on average, and with medications was 5/10. The patient is noted to have functional gains as they significantly assist the ADLs and restored patient's sleep, overall improving the quality of life. On physical examination, the patient is noted to have tenderness of the right paracervical scalene muscles and rhomboid, trapezius trigger point, and supraspinatus trigger point pain, palpable spasms in the left upper trapezius. The patient was also noted to have tenderness to the transverse process on the right and left at C2 and also lower in the subsequent lateral pillar or facet levels. Range of motion was noted to be decreased in the cervical spine in all planes with pain elicited on motion. Examination of the lumbar spine noted bilateral lumbosacral paraspinal tenderness and quadratus lumborum tenderness bilaterally. The patient was reported to have trigger points bilaterally at L3-4 and at the right at T4-5.

#### **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 Oxycodone 15 mg #120 :**

##### 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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, page 80, which is part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines indicate that for patients with chronic back pain, opioids appear to be efficacious, but limited for short-term pain relief and long-term pain efficacy is unclear, but also appeared to be limited. The guidelines indicate that failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The records submitted for review indicate that the employee is not noted to have good relief, and the need for oxycodone is not established. As the employee is noted to have been utilizing the medications on a long term basis, the requested Oxycodone 15 mg does not meet guideline recommendations. **The request for Oxycodone 15mg #120 is not medically necessary and appropriate.**

**2) Regarding the request for 4 trigger point injections to the lower back :**

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

Rationale for the Decision:

The employee reported an injury to his neck, upper back, and low back on 04/01/1994. The records indicate complaints of significant pain, rated 8/10 to 9/10 in the upper back region, back of the head, bilateral temporal areas, and mid and low back. The employee reported recent increased stiffness of the cervical spine and upper trapezius, which have not responded to the usual means of relief, including heat, massage, and stretching. The employee is reported to have tenderness to palpation over the lumbar paraspinal musculature bilaterally and the quadratus lumborum bilaterally. The records indicate trigger points in the lumbar spine bilaterally at L3-4 and on the right at T4-5. The MTUS/Chronic Pain guidelines recommend trigger point injections when there is documentation of circumscribed trigger points with evidence on palpation of a twitch response, as well as referred pain. From the records submitted for review, the employee is noted to have trigger points of the lower back bilaterally at L3-4, but there is no documentation of a twitch response or referred pain. As such, the requested trigger point injections do not meet guideline recommendations. **The request for 4 trigger point injections to the lower back is not medically necessary and appropriate.**

**3) Regarding the request for 2 greater occipital nerve blocks, one on each side :**

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg. 181, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), Summary of Recommendations and Evidence Table 8-8, which is part of the MTUS and the Official Disability Guidelines (ODG), Online Version, Neck and Upper Back (Acute & Chronic) Chapter, which is not part of the MTUS.

Rationale for the Decision:

The employee reported an injury to the neck and upper back and lower back on 04/01//1994. The records indicate complaints of ongoing chronic pain in the back and suboccipital regions. The employee reported recently increased stiffness of the cervical spine and upper trapezius, which were not responding to the usual means of relief including heat, massage, and stretching. The employee was noted on physical examination to have tenderness to palpation over the cervical paraspinal scalenes, rhomboid muscles on the right with trapezius and trigger point pain, and palpable spasms over the left upper trapezius. The records indicate tenderness of the occipital protuberances, transverse process of the left and right at C2, and also the lower lateral pillar and facet levels. The MTUS/ACOEM Guidelines do not recommend the use of diagnostic blocks. The records submitted for review indicate that the employee has ongoing chronic pain in the back and the suboccipital regions. The Official Disability Guidelines indicate that greater occipital nerve blocks were under study for treatment of occipital neuralgia and cervicogenic headaches, but due to the differential responses there is no current consensus to what injection technique to utilize and therefore there is a lack of convincing clinical trials. Based on the above, the requested greater occipital nerve blocks do not meet guideline recommendations and are not indicated. **The request for 2 greater occipital nerve blocks, one on each side is not medically necessary and appropriate.**

**4) Regarding the request for 3 trigger point injections lower neck and upper back :**

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

Rationale for the Decision:

The employee reported an injury to the neck and upper back and lower back on 04/01//1994. The records indicate complaints of chronic pain in the neck and upper back and suboccipital regions, and noted recent increased stiffness of the cervical spine and upper trapezius, which were not responding to usual means of relief, including heat massage and stretching.

On physical examination, the employee was noted to have tenderness to palpation over the paracervical musculature, scalene muscles, and rhomboids, and trapezius and supraspinatus trigger point pain with palpable spasms over the left upper trapezius. The MTUS/Chronic Pain guidelines recommend trigger point injections when there is documentation of circumscribed trigger points with evidence on palpation of a twitch response, as well as referred pain. From the records submitted for review, the employee is not noted to have trigger point pain of the lower neck, but did have trigger point pain in the left upper trapezius, but there is no documentation of a twitch response or referred pain. As such, the requested trigger point injections do not meet guideline recommendations. **The request for 3 trigger point injections to the lower neck and upper back 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

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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.