

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	10/20/2003
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005445

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injection L/S **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 L/S **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 is licensed to practice in Maryland. 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 59-year-old male [REDACTED] who reported an injury on 10/20/2013 as a result of a slip and fall. The patient's injury resulted in injury to pain to the cervical spine, bilateral shoulders, right upper arm, and right wrist. The patient's accepted diagnoses are status post ACDF C5-6 with postsurgical pain, cervicogenic headaches and bilateral shoulder impingement following bilateral shoulder arthroscopy; on right rotator cuff repair x2, on left rotator cuff and labral debridement. The patient has attended physical therapy for post-op bilateral shoulders and cervical pain that is currently being treated with medication management. The clinical notes state the patient continues to complain of radiating pain to bilateral upper and lower extremities.

### **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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for trigger point injection L/S:**

#### 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 MTUS Chronic Pain, 2009, page 122, Trigger Point Injections, which is part of MTUS.

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

Rationale for the Decision:

The request is for trigger point injections of the lumbar spine. The request for trigger point injections has been previously denied citing lack of evidence. California MTUS Guidelines state the criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The clinical information submitted for review fails to provide evidence of a twitch response to the lumbar spine. Lastly, the guidelines state medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have to have failed to control pain. The submitted documentation provides evidence of physical therapy for the cervical spine; however, it does not contain evidence of physical therapy for the lumbar spine. **The request for trigger point injection L/S 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.