

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	11/19/2003
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005850

- 1) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Spironolactone 25mg #30 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 pair of bilateral wrist splints **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 8/23/2013. 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 4 trigger point injections **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Spironolactone 25mg #30 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 pair of bilateral wrist splints **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.

Expert Reviewer Case Summary:

The patient is a 55-year-old female who reported injury on 11/19/03. The office note dated 7/31/13 revealed the patient had trigger point injections that lasted 2 months to improve pain and functioning of her right axillary area. The patient was requesting a repeat trigger point injection in the right trapezius. The visual analog scale (VAS) was noted to be 7/10. The patient stated the injections have helped her pain and improved function, so she would like to continue them on a regular basis. It was noted the patient has received wrist splints and are helping her hands numbness and tingling. The objective examination revealed the patient has a slight amount of topical allodynia for her bilateral upper extremities. Physical examination revealed tenderness to palpation of the right lateral epicondyle with full range of motion of the elbow with flexion, extension, and pronation. The right shoulder examination revealed tenderness to palpation along the trapezius muscle, spasm noted at trapezius and cervical paraspinal muscles, as well as tenderness to palpation of the rhomboid muscle on the right. The patient was noted to have decreased strength with grip strength and thumb opposition on the left and right hands. The sensations were noted to be decreased in the right hand in the ulna and median nerve distribution. It was stated that the patient has likely facet capsular tears of cervical spine right side by provocative maneuvers and secondary myofascial pain with point tenderness and triggering with significant interaction of testing. The patient was noted to have a decreased range of motion of the right shoulder, and evidence of tendonitis. The assessment included left wrist capsulitis, median nerve dysesthesias with a spinal cord stimulator in place on 4/07/06, carpal tunnel syndrome bilateral hands and left hand capsulitis with median nerve dysesthesia. The patient's medical history is noted to include hypertension and carpal tunnel syndrome.

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 4 trigger point injections:

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

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg.22, which are part of the MTUS.

Rationale for the Decision:

MTUS guidelines recommend trigger point injections for patients if there is a greater than 50% pain relief for 6 weeks after an injection and there is documented evidence of functional improvement, and documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. In this case, the clinical documentation submitted for review fails to indicate the employee had a documented twitch response and referred pain upon objective examination and documentation that the employee had had 50% pain relief as measured by the visual analog scale (VAS) scale along with documented evidence of objective functional improvement. Thus, not meeting MTUS guidelines. **The request for 4 trigger point injections is not medically necessary and appropriate.**

2) Regarding the request for Spironolactone 25mg #30:

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 National Clinical Guideline Centre, Hypertension, Clinical Management of primary hypertension in adults, National Institute for Health and Clinical Excellence (NICE), 2011.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision <http://www.ncbi.nlm.nih.gov/pubmed/20687095> Batterink J, Stabler SN, Tejani AM, Fowkes CT. Spironolactone for hypertension. Cochrane Database Syst Rev. 2010 Aug 4;(8):CD008169. doi: 10.1002/14651858.CD008169.pub2.

Rationale for the Decision:

According to the medical literature, there are indications that spironolactone decreased blood pressure in patients with hypertension and that doses of 25mg are reasonable. In this case the clinical documentation submitted for review indicates the employee has hypertension, thus the requested dose is reasonable. **The request for Spironolactone 25mg #30 is medically necessary and appropriate.**

3) Regarding the request for 1 pair of bilateral wrist splints:

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 Forearm, Wrist and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition, Chapter 11, which are part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition, pg.263-264, which are part of MTUS.

Rationale for the Decision:

MTUS guidelines recommend initial treatment of carpal tunnel syndrome to include day and night splints. In this case, the clinical documentation submitted for review noted that the employee has received wrist splints. The physical examination revealed that sensations were decreased in the right hand in the ulnar and median nerve distribution. However, the records submitted fail to provide that the employee has current examination findings of carpal tunnel syndrome. Given the above, and that employee was noted to have bilateral wrist splints, it fails to provide the necessity for a second set of wrist splints. **The request for 1 pair of bilateral wrist splints 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, 18th 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.