

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	12/5/2006
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007362

- 1) MAXIMUS Federal Services, Inc. has determined the request for **retrospective six trigger point injections to the right upper trapezius, midscapula and scapular areas is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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 **retrospective six trigger point injections to the right upper trapezius, midscapula and scapular areas 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:**

Patient is a 58-year-old female who injured her neck on December 5, 2006, secondary to being hit by falling Styrofoam pieces. The claimant was diagnosed with degeneration of the cervical interval disc. The current medications were stated to include Neurontin, Lidoderm patches, Naprosyn, Tizanidine, and Ambien.

Clinical note on July 8, 2013, documented complaints of neck pain radiating to the right upper extremity. There was increased numbness in the claimant's hands, right greater than left. There were three trigger points over the neck, posterior shoulders right greater than left. The right shoulder range of motion was 90 degrees of abduction and tenderness. The claimant had a positive Phalen's sign bilaterally, right greater than left. Two point discrimination was abnormal at 6 mm on the right. The claimant underwent trigger point injections over the right and left trapezius and mid scapular areas. There was no documentation of % improvement with the trigger points.

### **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 Claim Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for: retrospective six trigger point injections to the right upper trapezius, midscapula and scapular areas**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criterias for its decision.

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

Rationale for the Decision:

According to the MTUS Guidelines, "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; frequency should not be at an interval less. The medical records submitted for review indicate the employee had increased numbness in the hands, right greater than left, and three trigger points over the neck, posterior shoulders right greater than left. In addition, the right shoulder range of motion was 90 degrees of abduction, with tenderness, as well as positive Phalen's sign bilaterally, right greater than left, and two (2) point discrimination; abnormal at 6 mm on the right. The records further indicate that the employee underwent trigger point injections over the right and left trapezius and mid scapular areas. However the records have no documentation of percentageof improvement with the trigger points to meet guideline criteria. **The request for retrospective six trigger point injections to the right upper trapezius, midscapula and scapular areas are 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.