

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/23/2013 |
| Date of Injury: | 4/14/2009 |
| IMR Application Received: | 8/8/2013 |
| MAXIMUS Case Number: | CM13-0008683 |

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/12/2013. 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 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 & Rehabilitation and is licensed to practice in Ohio and Texas. 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 employee is a 52-year-old female who reported an injury on 04/14/2009. She is currently diagnosed with a cervical strain and a sprain of the shoulder and arm. An MRI of the cervical spine on 08/03/2012 indicated minimal central canal stenosis at C5-6 and C6-7 secondary to a 3 mm broad based disc protrusion with annular bulging. Surgical history includes a left shoulder arthroscopy with acromioplasty, bursectomy, manipulation under anesthesia, and debridement of the rotator cuff on 04/12/2013 by Dr. [REDACTED]. The most recent physical examination was documented on 06/12/2013 by Dr. [REDACTED]. The employee demonstrated full range of motion of the cervical spine with only tenderness to palpation. She demonstrated positive Spurling's maneuver and intact sensation. The employee was previously given 4 trigger point injections in the trapezius and rhomboid on 05/15/2013 by Dr. [REDACTED]. The follow-up note stated the employee experienced only partial relief following the injections. A Notice of Utilization Review Finding was then submitted by Dr. [REDACTED] on 07/23/2013, which non-certified the patient's 4 cervical trigger point injections given on 05/15/2013.

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for trigger point injection:

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 is part of the MTUS.

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

Rationale for the Decision:

The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for radicular pain. The injections may occasionally be necessary to maintain function in employees who experience myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back or neck pain. Criteria includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for more than 3 months, failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants. Radiculopathy must not be present. According to the medical records provided for review, there was no documentation upon physical examination of a twitch response nor documentation of percentage and duration of pain relief from a previous injection.

The request for trigger point injection 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.