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**Notice of Independent Medical Review Determination**

Dated: 8/7/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/17/2013  
Date of Injury: 3/20/2013  
IMR Application Received: 5/24/2013  
MAXIMUS Case Number: CM13-0000471

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections into the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections into the cervical spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/24/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/3/2013. 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 MRI of the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections into the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 4 trigger point injections into the cervical spine **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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 17, 2013

“This 48-year-old male was injured on 3/20/13. The mechanism of injury occurred when he was backing up a vehicle. His diagnosis was axial skeletal pain with a right lower extremity radiculopathy. On 4/24/13, the patient was seen in initial consultation by Dr. [REDACTED] who noted that the patient had been involved in a car crash with a flexion, extension, and lateral bending injury to his entire spine. He reported ongoing pain in the cervical, thoracic, and lumbar spine. His range of motion of the spine was normal. A Spurling’s test was negative. Shoulder motion was normal. No specific neurological deficits were noted. Sensation was intact in all dermatomes in the lower extremities as was strength. Dr. [REDACTED] noted that the patient continued to have low back pain, as well as cervical and thoracic pain with radiating symptoms down the right lower extremity. Dr. [REDACTED] noted that most diagnostic studies were essentially normal rather than acute changes. He planned to treat the patient with trigger point injections, as well as myofascial release to the axial skeleton.”

### **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 for Independent Medical Review (received 5/24/13)
- Utilization Review Determination (dated 5/17/13, 5/21/13)
- Utilization Review Determination Appeals (dated 5/24/13, 6/5/13)
- Employee medical records from [REDACTED] (dated 4/24/13-5/9/13)
- Employee medical records from [REDACTED] (3/20/13-3/22/13)
- Employee medical records from [REDACTED] (3/20/13)
- Employee medical records from [REDACTED] - [REDACTED] RN, CCN (dated 3/22/13)
- Employee medical records from [REDACTED] (dated 5/9/13)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines, pg. 174-175, 178, 182
- Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 303, 309
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 122

#### **1) Regarding the request for MRI of the lumbar spine:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), pg. 309, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), table 12-7, pg. 304, which is part of the Medical Treatment Utilization Schedule (MTUS) as relevant and appropriate for the employee's clinical circumstance.

##### Rationale for the Decision:

The employee was involved in an industrial motor vehicle accident on 3/20/13. Medical records provided and reviewed document initial treatment in the emergency room consisting of CT of the head, cervical, thoracic, and lumbar regions with no significant findings other than degenerative changes. Treatment has included consult with an orthopedic surgeon, neurologist, and transfer of care to physical medicine and rehabilitation (PM&R) physician. The medical report of 4/24/13, notes radiating symptoms with numbness, tingling and weakness into the lower extremities, no spasms, no splinting, no tenderness, full ROM, full strength, sensation intact to light touch, pinprick and 2-point discrimination, normal reflexes, negative straight leg raise. The follow-up visit of 5/8/13, documents new subjective complaints of spasm in the cervical and lumbar spine, and examination findings of four trigger points in the cervical spine and four trigger points in the lumbar spine. Cervical range of motion is decreased

from normal on 4/24/13 to 20/50 degrees flexion and 20/60 degrees extension on 5/8/13. Lumbar flexion is also documented as decreased. Neurologic examination remains normal for motor and sensory.

ACOEM indicates a CT scan is as good as the MRI to pick up spinal stenosis, but the MRI is better at picking up a disc protrusion. The medical records reviewed indicate the employee has been evaluated at the hospital, by a neurologist, an orthopedist, and a PM&R physician, and it is still not clear what is causing the radiating symptoms down the right leg. The numbness and tingling component documented in the medical records suggests a neuropathic pain. ACOEM warns that indiscriminant imaging can produce false positives, and in this case, the CT scan may be a false-negative. The MRI of the lumbar spine is medically necessary and appropriate.

## **2) Regarding the request for Error! Reference source not found.:**

### Medical Treatment Guideline(s) 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) into the MTUS from the ACOEM Practice Guidelines, pg. 174-175, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was involved in an industrial motor vehicle accident on 3/20/13. Medical records provided and reviewed document initial treatment in the emergency room consisting of CT of the head, cervical, thoracic, and lumbar regions with no significant findings other than degenerative changes. Treatment has included consult with an orthopedic surgeon, neurologist, and transfer of care to physical medicine and rehabilitation (PM&R) physician. The medical report of 4/24/13, notes radiating symptoms with numbness, tingling and weakness into the lower extremities, no spasms, no splinting, no tenderness, full ROM, full strength, sensation intact to light touch, pinprick and 2-point discrimination, normal reflexes, negative straight leg raise. The follow-up visit of 5/8/13, documents new subjective complaints of spasm in the cervical and lumbar spine, and examination findings of four trigger points in the cervical spine and four trigger points in the lumbar spine. Cervical range of motion is decreased from normal on 4/24/13 to 20/50 degrees flexion and 20/60 degrees extension on 5/8/13. Lumbar flexion is also documented as decreased. Neurologic examination remains normal for motor and sensory.

ACOEM allows MRI if there are symptoms or findings of radiculopathy. The medical records reviewed show no deficit in 2-point, light-touch, and pinprick in all dermatomes of the upper extremities; no weakness or reflex problems in upper extremities; and cervical foraminal compression testing/Spurling's was normal. There are no findings of radiculopathy which would meet the criteria for

MRI. The MRI of the cervical spine **is not medically necessary and appropriate.**

**3) Regarding the request for Error! Reference source not found.:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, Trigger Point Injections, pg. 122, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was involved in an industrial motor vehicle accident on 3/20/13. Medical records provided and reviewed document initial treatment in the emergency room consisting of CT of the head, cervical, thoracic, and lumbar regions with no significant findings other than degenerative changes. Treatment has included consult with an orthopedic surgeon, neurologist, and transfer of care to physical medicine and rehabilitation (PM&R) physician. The medical report of 4/24/13, notes radiating symptoms with numbness, tingling and weakness into the lower extremities, no spasms, no splinting, no tenderness, full ROM, full strength, sensation intact to light touch, pinprick and 2-point discrimination, normal reflexes, negative straight leg raise. The follow-up visit of 5/8/13, documents new subjective complaints of spasm in the cervical and lumbar spine, and examination findings of four trigger points in the cervical spine and four trigger points in the lumbar spine. Cervical range of motion is decreased from normal on 4/24/13 to 20/50 degrees flexion and 20/60 degrees extension on 5/8/13. Lumbar flexion is also documented as decreased. Neurologic examination remains normal for motor and sensory.

Chronic Pain Guidelines criterion for trigger point injections is that symptoms persist for more than three months. The medical records reviewed first document palpable trigger points in the lumbar spine on 5/8/13 which is less than two months post injury. Four trigger point injections into the lumbar **spine are not medically necessary and appropriate**

**4) Regarding the request for 4 trigger point injections into the cervical spine:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, Trigger Point Injections, pg. 122, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used

by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was involved in an industrial motor vehicle accident on 3/20/13. Medical records provided and reviewed document initial treatment in the emergency room consisting of CT of the head, cervical, thoracic, and lumbar regions with no significant findings other than degenerative changes. Treatment has included consult with an orthopedic surgeon, neurologist, and transfer of care to physical medicine and rehabilitation (PM&R) physician. The medical report of 4/24/13, notes radiating symptoms with numbness, tingling and weakness into the lower extremities, no spasms, no splinting, no tenderness, full ROM, full strength, sensation intact to light touch, pinprick and 2-point discrimination, normal reflexes, negative straight leg raise. The follow-up visit of 5/8/13, documents new subjective complaints of spasm in the cervical and lumbar spine, and examination findings of four trigger points in the cervical spine and four trigger points in the lumbar spine. Cervical range of motion is decreased from normal on 4/24/13 to 20/50 degrees flexion and 20/60 degrees extension on 5/8/13. Lumbar flexion is also documented as decreased. Neurologic examination remains normal for motor and sensory.

Chronic Pain Guidelines criterion for trigger point injections is that symptoms persist for more than three months. The medical records reviewed first document palpable trigger points in the cervical spine on 5/8/13 which is less than two months post injury. Four trigger point injections into the cervical spine **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;

Richard C. Weiss, MD, MPH, MMM, PMP  
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.