

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 4/9/2011
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0013094

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of April 9, 2011. A utilization review report dated August 6, 2013 recommends non-certification for three trigger point injection. Non-certification is recommended due to "no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by the guidelines." A progress report dated July 8, 2013 includes subjective complaints stating "here today for ongoing pain on her right side in her shoulder, arm, and hand. Her pain level today is 4/10. She states that the pain cream has been helping her pain. She has discontinued taking her Cymbalta due to stomach issues." Objective examination findings identify "the right arm is cooler to touch and it appears slightly pale. There is severe pain in the right wrist/elbow/shoulder to light touch. There is pain and tenderness in the right shoulder/neck. Allodynia is present throughout the right upper extremity. There is a lot of muscle spasm in the thoracic paraspinal region T4 – T8, with extreme pain on palpation." Diagnoses include "chronic pain syndrome, reflex sympathetic dystrophy of the upper limb." Current treatment plan states "consent for trigger point injection in office under ultrasound guidance during next visit in [REDACTED] office." A progress report dated August 6, 2013 identifies subjective complaints stating "here today for her ongoing right side pain. Her pain level today is 6/10. She describes this pain as constant sharp burning ache over the entire right side of her body. This pain increases when cooking, writing, typing, and with stress. This pain decreases when using her TENS unit, resting, relaxing, and taking pain medication." Physical examination identifies "the right arm is cooler to the touch and it appears a slightly pale. There is severe pain in the right wrist/elbow/shoulder to light touch. There is pain and tenderness in the right shoulder and neck. Allodynia is present throughout the right upper extremity. There is a lot of muscle spasm in the thoracic paraspinal region T4 – T8, with extreme pain on palpation." Diagnoses include "chronic pain syndrome, reflex sympathetic dystrophy of the upper limb." Current treatment plan recommends "trigger point injection at three under direct ultrasound guidance."

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for three trigger point injections between 07/30/2013 & 09/19/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, trigger point injections, pg.122, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, trigger point injections, pg. 122, which is part of the MTUS; the Official Disability Guidelines (ODG), Pain Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Within the medical records provided for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment specifically directed towards the trigger point area for 3 months. In the absence of such documentation, **the request for the three trigger point injections between 07/30/2013 & 09/19/2013 is not medically necessary and appropriate.**

/jd

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.

[REDACTED]

CM13-0013094