

**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:	7/12/2013
Date of Injury:	4/22/2010
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0017898

- 1) MAXIMUS Federal Services, Inc. has determined the request for **trigger point injections into the lumbar spine using a combination of Depo-Medrol and Lidocaine 2ml retrospectively is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **continued physical therapy for the lumbar spine is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 injections into the lumbar spine using a combination of Depo-Medrol and Lidocaine 2ml retrospectively** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **continued physical therapy for the lumbar 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 PM&R, has a subspecialty in Interventional Spine 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:

The independent medical review (IMR) application shows the employee is disputing the 7/12/13 utilization review (UR) decision. The 7/12/13 UR letter is from [REDACTED] and is for denial of trigger point injections (TPI) from 6/26/13 and modification to allow 4 PT visits for the lumbar spine. The rationale was that there was no documentation of functional improvement from the TPI provided on the previous office visit, and no functional improvement from the 30 post-operative PT visits. The patient is a 56-year-old female, with low back pain from a 4/22/10 described injury. She underwent posterior lumbar interbody fusion (PLIF) L5/S1 in 2011 with a revision on 9/27/11.

The documentation on 8/7/13 (p14), indicates by Dr. [REDACTED], "56-year-old female, in for f/u, doing well, but has intermittent by severe catching-like symptoms in the lower back. She does YMCA water classes. She uses Zanaflex prn. She is 168 lbs. DX: s/p L5/S1 revision decompression and posterolateral fusion, 9/27/12; s/p L5/S1 PLIF, 5/2011. Plan: continue YMCA exercises. Requests an L5/S1 bilateral facet-hardware block. If beneficial we will discuss removal of hardware."

The documentation dated, 7/18/13 (p26) indicates an appeal for denied physical therapy (PT) and TPI, [REDACTED], PAC for [REDACTED], MD, she had difficulty with prolonged sitting or standing. On 6/26/13 she had increased back pain tender lumbar paraspinals with trigger points found on examination. She had two TPI in the L5-S1 paraspinals x2. There was immediate pain reduction following the TPI. In the past they have helped improve the overall pain. She was making progress with PT, but it was interrupted due to authorization issues. I requested 2x6 to work on trunk stabilization

and ROM and activity tolerance. She has been making progress and this should continue.

The 7/16/13 letter to Dr. [REDACTED] from the patient asking for help to appeal the TPI and PT denial. States Dr [REDACTED] on 6/26/13 took over the appointment because you (Dr [REDACTED]) were held up. In the past he has given me these injections and the have helped almost immediately. States she had PT authorized for 6 sessions and only completed 4, then they changed the limit to 4 visits so she cancelled her last 2 visits.

The 6/26/13 (p40) letter from Dr. [REDACTED], DC, indicate TPI (note: boiler plate TPI note identical to 5/15/13, and chiropractors cannot perform TPIs).

The 5/15/13 (p37) letter from Dr. [REDACTED] states, "This is a 60-YO,(note: DOB is [REDACTED] pt is 56yo) F with flare up of back pain from increased activity and stress of her daughter getting married in AZ. Surgical incision well healed, moderate tenderness to palpation in the back region, guarding with motion, SLR pos bilaterally. Motor grossly intact. TPI on exam she was found to have trigger points. Injected depomedrol and lidocaine 2ml."

3/27/13 Dr [REDACTED]

2/12/13 Dr [REDACTED], TPI

#### **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:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for trigger point injections into the lumbar spine using a combination of Depo-Medrol and Lidocaine 2ml retrospectively:**

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, Criteria for the use of Trigger point injections, page 122, which is part of the MTUS.

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

Rationale for the Decision:

The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome, and are not recommended for radicular pain, and that there should be no repeat injections unless a greater than 50% pain relief is obtained for 6-weeks after the injections and there is functional improvement. The guidelines also indicate that the interval should be no less than 2 months. The medical records provided for review indicate the employee had a TPI on 5/15/13 and then on 6/26/13. This indicates that the two TPIs were done in less than a 2 month interval. The medical records also indicate that the employee has worsening bilateral lumbar radiculopathy. **The request for trigger point injections into the lumbar spine using a combination of Depo-Medrol and Lidocaine 2ml retrospectively is not medically necessary and appropriate.**

**2) Regarding the request for continued physical therapy for the lumbar spine:**

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 Postsurgical Treatment Guidelines: Intervertebral disc disorders without myelopathy, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that physical medical treatment frequency should decrease over time from 3 visits per week to 1 or less with the goal of a self-directed home exercise program. The guidelines recommend 8-10 session for myalgia or neuralgia. The medical records provided for review do not indicate functional improvement from the prior 30 sessions of physical therapy provided. The request exceeds the guideline recommendation. **The request for continued physical therapy for the lumbar spine 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, 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.