

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:	7/3/2013
Date of Injury:	1/28/1993
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0001951

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injections **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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 **is 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 Medical 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 July 3, 2013

“DIAGNOSIS: Neck pain; Low back pain

“CLINICAL SUMMARY: This is an injured worker with date of injury 01/28/1993. Appeal was provided for the previous denial. The appeal noted that the patient had well circumscribed trigger points. The trigger points were cervical paraspinal, trapezius, levator scapular, and lumbar paraspinal muscles. Symptoms have persisted for more than three months. The patient was noted to have failed adequate medical management. The patient was noted to have had greater 50% of pain relief for more than six weeks.

“Previous evaluation indicated that the patient had pain rated at a 6/10. The patient reports doing well on the present regimen. The patient reported pain in the head, neck, shoulders, upper, and lower back. The pain interferes with ADL 's. The patient was previously treated with trigger point injections. The patient used acetaminophen, and Hydrocodone for analgesia. Physical examination revealed tenderness to palpation lumbar spine and over the shoulders. The patient had normal strength and sensation. The patient was noted to have greater than 50% pain relief for two months with previous injections. The medications were noted to have allowed the patient to use minimal medications.”

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
- Utilization Review Determination by Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)
- Medical Records submitted by Claims Administrator

1) Regarding the request for trigger point injections:

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

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, 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 employee was injured on 1/28/1993 with subsequent myofascial pain. The submitted medical records indicate the diagnoses of depression, myofascial muscle pain, low back pain, and muscle spasm. Prior treatment has included medications and trigger point injections. A request has been submitted for trigger point injections.

The guidelines note that trigger point injections may be necessary to maintain function in individuals with myofascial problems when myofascial trigger points are present on examination. The guidelines note that symptoms must have persisted for more than three months, and trigger point injections are not recommended for radicular pain. The submitted medical records document myofascial pain syndrome with well-documented trigger points. The employee's symptoms have lasted for more than three months, radiculopathy is not present, and there has been 50% pain relief for more than 6 weeks. The guidelines support trigger point injections in this clinical setting. **The requested for trigger point injections is 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, 18th Floor
Oakland, CA 94612

/srb

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.