

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2013

9/14/2009

7/22/2013

CM13-0002257

- 1) MAXIMUS Federal Services, Inc. has determined the request for TPI bilateral trapezius **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for bilateral GONB for migraines **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 TPI bilateral trapezius **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for bilateral GONB for migraines **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 July 11, 2013:

“Review of the medical documentation identifies that the claimant sustained an industrial injury on 09/14/2009. The claimant has been under the care of treating physician for cervical postlaminectomy syndrome, cervicalgia, cervical radioculopathy, cervical spondylosis, carpal tunnel syndrome, lumbar back pain, chronic insomnia. The most recent evaluation dated 07/03/2013 is provided for review. The claimant presented for medication management. He complains of neck pain and migraine today. He requests trigger point injections for knots in the trapezius muscles bilaterally and bilateral greater occipital nerve blocks for his migraine. He reports right low back pain with radiation to the right lower extremity x 60 days. His pain is located in the head, left arm, right leg, neck, bilateral shoulders, right buttock, thoracic spine, right elbow, right hip, right hand, bilateral knees, abdomen, bilateral low back, and right ankle/foot. The claimant reports his average pain is 6/10. The physical examination revealed decreased range of motion of the back to pain, positive right straight leg raise (this is not described), and positive sensory deficit (numbness) in the L5-S1 dermatome on the right. The neck demonstrates decreased range of motion. Two trigger point injections were performed into taut bands in the bilateral trapezius muscles. Greater occipital nerve blocks were performed bilaterally.”

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 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for: TPI bilateral trapezius

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, Trigger point injections, which is part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Trigger point injections, pg. 122, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 9/14/2009. The medical records provided for review indicate diagnoses have included cervical postlaminectomy syndrome, cervicgia, cervical radioculopathy, cervical spondylosis, carpal tunnel syndrome, lumbar back pain, chronic insomnia. The request is for TPI bilateral trapezius.

MTUS Guidelines state that no repeat injections are recommended unless there is greater than 50% pain relief obtained for 6 weeks. The documentation submitted states that the employee had relief for 34 days. MTUS Guidelines also state that there should be documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation submitted for review fails to indicate the employee had circumscribed trigger points in the bilateral trapezius muscles with positive twitch response upon palpation. The request for TPI bilateral trapezius **is not medically necessary and appropriate.**

2.) Regarding the request for bilateral GONB for migraines:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Pain chapter, Greater occipital nerve block, which is not part of the MTUS. The Expert Reviewer found that MTUS did not address the issue at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/14/2009. The medical records provided for review indicate diagnoses have included cervical postlaminectomy syndrome, cervicgia, cervical radioculopathy, cervical

spondylosis, carpal tunnel syndrome, lumbar back pain, chronic insomnia. The request is for bilateral GONB for migraines.

The Official Disability Guidelines (ODG) state that greater occipital nerve blocks are under study for the use and treatment of primary headaches. The ODG also states that the use of greater occipital nerve blocks for the treatment of migraines shows conflicting results. The employee has undergone a series of prior greater occipital nerve blocks with no relief greater than 2 weeks. The request for bilateral GONB for migraines **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;

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

/slm

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.