

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 8/22/2006
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002817

- 1) MAXIMUS Federal Services, Inc. has determined the request for for consult and treat for possible trigger point injection under X-ray **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 for consult and treat for possible trigger point injection under X-ray **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 8, 2013:

“Diagnosis: Status post posterior lumbar fusion at L4-L5 and LS-S 1 with an interbody arthrodesis and posterior fixation, 10/3/12. Trigger points over the rights sacral area. The patient is a 42 year-old male patient s/p injury 8/22/06, s/p posterior lumbar fusion L4-5, L5-S1 with interbody arthrodesis and posterior fixation 10/3/12.”

“The date of injury is over 6 years old --and chronic. Request has been made for specialist consultation for trigger point injection with fluoroscopic guidance (x-ray). Subjective complaints include low back pain.”

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 07/24/2013)
- Utilization Review Determination from ██████ (dated 07/08/2013)
- Employee medical records from Claims Administrator and the Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** for consult and treat for possible trigger point injection under X-ray :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), which is part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines, p.22, which is part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines (ODG), which are medical treatment guidelines that are not part of the 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 injured on 8/22/06 and experiences back pain. The medical records submitted for review indicate that the employee is status post posterior lumbar fusion at L4-5 and L5-S1 with interbody arthrodesis. The records indicate that a physical examination of the employee's back and lower extremities indicated that the employee was able to ambulate without evidence of limp or weakness and able to stand on toes and heels without difficulty. The request was submitted for consultation and treatment for possible trigger point injection under X-ray.

The MTUS Chronic Pain Guidelines indicate that trigger point injections may be used for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) documentation is noted of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than 3 months; (3) medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants, have failed to control pain and (4) that radiculopathy is not present on exam. In this employee's case, the documentation submitted for review indicates that the employee has trigger points identified over the right sacral area, however there is a lack of documentation indicating the length of time for which the employee has had persistent symptoms. Furthermore, there is a lack of documentation that other ongoing treatments for the employee have failed to control the employee's symptoms. Thus, the criteria for the requested treatment has not been satisfied. The request for consultation and treatment for possible trigger point injection under X-ray **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
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