
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	5/7/2010
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003926

- 1) MAXIMUS Federal Services, Inc. has determined the request for trigger point injection thoracic lumbar paraspinal muscles, interspinous muscle **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 injection thoracic lumbar paraspinal muscles, interspinous muscle **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 3, 2013:

“The patient is 30 year old, sustained an injury on 5/7/10. The patient complained of multiple pains throughout the body. On examination, there was tenderness at all bursae of the patient's body, including elbows, medial and laterally, the knee at the pes anserine and Achilles, as well as the greater trochanteric bursae, bilaterally. There were multiple tender points throughout the paraspinal muscles. The patient also noted that the bursa and joint and body pains correlated to flare ups in the foot pain. There was pain in the left ankle, low back, down the left leg, and left hip. Palpation revealed multiple tender points throughout the thoracolumbar musculature. Palpation revealed multiple taut bands with trigger points. The range of motion was decreased in the back with guarding and apprehension. Lumbar extension test was positive for report of concordant pain. Current medications: According to the clinical documentation dated 6/21/13 by [REDACTED], MD, the medications were Aleve, amitriptyline 75 mg 1.5 tablet PO q hs, Cool Health, Cymbalta 60 mg one PO qd, Elavil 75 mg, Flexeril 10 mg one PO q hs, ibuprofen 800 mg, Lyrica 100 mg one PO TID, Motrin 800 mg one PO TID, multivitamin, Norco 10/35 one PO TID pm pain, Nuva Ring, Tylenol Regular Strength. Dose and scheduled use of the Aleve, Cool Health, Elavil, ibuprofen, multivitamin, Nuva Ring, and Tylenol Regular Strength. The patient had 7 sessions of physical therapy. The physical therapy not only did not help, but aggravated the symptoms further. There is no documentation how much functional improvement and for how long the previous trigger point injection provided, no repeat injections unless a greater than 50 percent pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; Frequency should not be at an interval less than two months; the request is not certified.”

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 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/3/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request trigger point injection thoracic lumbar paraspinal muscles, interspinous muscle :

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 (2009), page 122, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), Trigger point injections, page 122, part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/07/2010. The submitted and reviewed medical records indicate that the employee has had physical therapy, a spinal cord stimulator, injections, and medication. The most recent medical report, dated 6/21/2013, indicated that the employee was having aggravation from the physical therapy. A request was submitted for trigger point injection in thoracic and lumbar paraspinal muscles and interspinous muscle.

The MTUS Chronic Pain Guidelines indicate trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The submitted records failed to document if the patient has improved by at least 50% and did not provide any documentation of functional improvement as a result of the previous injection. The request for trigger point injection in the thoracic and lumbar paraspinal muscles, and interspinous muscle **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

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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.