

Case Number:	CM13-0013569		
Date Assigned:	09/26/2013	Date of Injury:	09/24/1999
Decision Date:	01/09/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male who sustained an occupational injury on 09/24/1999. The patient's compensable injuries include minimal broad-based disc bulge and mild degenerative changes at the thoracolumbar junction with intervertebral disc space narrowing at L4-5 and L5-S1, with associated hypertrophic facet changes. Prior conservative treatment includes back brace, injections, physical therapy, hip joint injections, sacroiliac joint injections, greater trochanteric bursa injection, Vicodin, ibuprofen, Lorazepam, Norflex, Protonix, glucosamine, and modified duty. The patient's prior treatment with surgical procedures includes a lumbar facet radiofrequency ablation on 05/17/2011, and bilateral T11, T12, and L1 radiofrequency ablation with good partial improvement. The most recent documentation submitted for review is from 07/29/2013, which indicates the patient has continued complaints of low back pain with radiation to both flanks. The patient indicated that he ended physical therapy several weeks ago and would like to continue, as he has benefited in terms of pain and functionality. Objective documentation on that day revealed a normal gait with thoracic tenderness noted to palpation at T10 through L2, associated with spasm and trigger point, and right paravertebral muscles.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. According to the documentation submitted for review, the patient indicates that he has recently just completed a session of physical therapy. Guidelines indicate that anywhere from 8 to 10 visits are recommended. However, there is a lack of documentation to indicate the number of previous sessions and the patient's response to treatment. Given this lack of documentation, it would appear as though this request would exceed guideline recommendations. Extended treatment with physical therapy is predicated on the treating physician documenting functional improvement as defined by the guidelines, which is absent in this case. Furthermore, there is a lack of any exceptional factors that might warrant treatment outside guideline criteria, and it is unclear at this time as to why the patient is not well-versed and participating in a home exercise program. The request for physical therapy two (2) times a week for four (4) weeks is not medically necessary and appropriate.

Botox Injectable: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: The Chronic Pain Guidelines indicate that the use of Botox is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. According to the documentation submitted for review from 07/29/2013, the physician has requested the use of Botox to be used in conjunction with trigger point injections given under ultrasound guidance. While the California MTUS does support the use of Botox for cervical dystonia, it is specifically not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Given the lack of support for the use of Botox with trigger point injections, this request cannot be supported.

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections Page(s): 122.

Decision rationale: The Chronic Pain Guidelines indicate that a trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscles which produces a local twitch in response to stimulus of the band. Furthermore, it indicates that trigger point injections are recommended only for myofascial pain syndrome and are not recommended for radicular pain. These injections are recommended with an anesthetic such as bupivacaine for non-resolving trigger points; however, the addition of a corticosteroid is not generally recommended. According to the documentation submitted for 07/29/2013, the clinical examination is consistent with chronic trigger point symptoms. However, the guidelines strictly indicate that trigger point injections, with any substance other than local anesthetic, with or without steroid are not recommended. Given that this request is for trigger point injections specifically with the use of Botox, this request cannot be supported. The request for Trigger Point Injections is not medically necessary and appropriate.

Ultrasound guidance for trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield of Tennessee Policy for Trigger Point Injections; on-line version; original effective date: 7/14/2012; most recent review date: 12/12/2013.

Decision rationale: The California MTUS indicates that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. However, they are not supported for use in patients with radiculopathy, or for use with any substance other than local anesthetic with or without steroid. These guidelines, as well as Official Disability Guidelines are absent on the use of ultrasound guidance with trigger point injections. Therefore, additional peer-reviewed literature was referenced, which indicates that the use of ultrasound guidance for trigger point injections is considered not medically necessary. Given that this request for trigger point injections is specifically for use with Botox, the request for trigger point injections has already been non-certified. As such, the use of ultrasound guidance, with or without support, would not be certified secondary to non-certification of the procedure itself. However, in addition to the previous non-certification of the requested trigger point injections, the use of ultrasound guidance remains unsupported, as peer-reviewed literature indicates that it is not medically necessary. The request for Ultrasound guidance for trigger point injections is not medically necessary and appropriate.