

Case Number:	CM13-0013989		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2010
Decision Date:	03/18/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This case involves a 53-year-old male who was injured on 10/26/10. According to the 7/11/13 report from [REDACTED], the patient's diagnoses include: lumbar radiculopathy; lumbar post laminectomy syndrome; cervicgia with cervical radiculitis; myofascial pain; tension headache and cervical and lumbar spondylosis. [REDACTED] recommends six to eight (6-8) physical therapy (PT) sessions for the cervical spine and a trial of trigger point injections to reduce pain and increase pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections with ultrasound guidance once a week for twelve (12) 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 Trigger point injections Page(s): 122.

Decision rationale: The patient presents with neck and back pain, with pain radiating down the left leg and pain in both hands. On exam, [REDACTED] reports reduced sensation to light touch and

pinprick in the hands in the C8 distribution. The Spurling's test was positive for reproduction of pain into the shoulder region. There was tenderness in the bilateral cervical paraspinals and trapezius without trigger points. The Chronic Pain Guidelines provide specific criteria for trigger point injections (TPI). The criteria includes: Documentation of circumscribed trigger points, with evidence upon palpation of a twitch response as well as referred pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); 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; and Frequency should not be at an interval less than two (2) months. The medical records provided for review did not show that the patient had trigger points on palpation; however, there was indication that radiculopathy was present by exam, with C8 distribution and a positive Spurling's test. The guidelines do not recommend weekly repeat injections. The guidelines indicate that no injections in an interval less than two (2) months, and only if there is 50% pain relief for six (6) weeks, following the injection with documentation of functional improvement. The request for weekly TPI, with ultrasound guidance for twelve (12) weeks is not in accordance with MTUS guidelines.

Physical therapy six to eight (6-8) sessions to the cervical spine, QTY: 8.00:: 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 patient presented with neck and back pain, pain which radiated down the left leg, and pain in both hands. The physical therapy notes show five (5) visits from 05/10/13-05/29/13 and six (6) visits from 07/26/13 to 08/22/13. The Chronic Pain Guidelines recommend eight to ten (8-10) sessions of physical therapy for various and unspecified myalgias or neuralgias. The patient is shown to have had five (5) sessions of physical therapy by 7/11/13, when [REDACTED] had requested eight (8) sessions. The eight (8) sessions along with the five (5) visits already provided would exceed the MTUS recommendations. The request as written is not in accordance with MTUS guidelines.