

Case Number:	CM13-0025575		
Date Assigned:	11/20/2013	Date of Injury:	03/12/1991
Decision Date:	03/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The patient is a 62-year-old injured worker who reported an injury on 03/12/1991. The patient is diagnosed as status post motor vehicle accident with lumbar, ankles, knees, shoulders, and neck strain. The patient has undergone 3 lumbar surgeries along L4 to S1, three debridement surgeries to each knee, and a C7 fusion. The latest progress report was submitted on 10/25/2013. The patient reported 3/10 pain. Physical examination revealed hypertonicity in the upper thoracic, right mid thoracic, lumbar and right buttock area. Treatment recommendations included continuation of current chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as

referred pain. As per the clinical notes submitted, there were no physician reports submitted on the requesting date of 07/24/2013. The latest physical examination on 10/25/2013 only revealed hypertonicity. There is no evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There is also no evidence of a failure to respond to medical management therapy such as stretching exercise, physical therapy, NSAIDs and muscle relaxants. The request for 1 trigger point injection is not medically necessary and appropriate.

Physical Therapy sessions ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, there was no documentation of a physical examination on the initial requesting date of 07/24/2013. The patient participated in physical therapy between 10/15/2013 and 10/25/2013. The latest physical therapy note was submitted on 10/15/2013. The patient continued to demonstrate diminished strength, increased tone of bilateral thoracic, lumbar and sacral paraspinals, increased tenderness about the left SI joint, piriformis and right quadratus lumborum, as well as decreased range of motion and strength in bilateral hips and ankles. Documentation of a significant functional improvement was not provided. The request for physical therapy is not medically necessary and appropriate.

Behavioral intervention sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical notes submitted, there is no documentation of a physical examination or a mental status examination on the initial date of 07/24/2013. It is unknown why behavioral intervention sessions were medically necessary at that time. Documentation of the course of behavioral therapy was not provided. The request for behavioral intervention sessions is not medically necessary and appropriate.

Acupuncture sessions (thru [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, there is no evidence of a physical examination on the initial requesting date of 07/24/2013. The frequency and duration of treatment was not specified in the request. The request for acupuncture sessions is not medically necessary and appropriate.

Chiropractic sessions ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks, followed by evidence of objective functional improvement. As per the clinical notes submitted, there was no evidence of a physical examination. The patient does maintain diagnoses of lumbar sprain, cervical strain, and thoracic sprain. However, the duration and frequency of treatment was not specified in the request. The request for Chiropractic sessions is not medically necessary and appropriate.

1 Total panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines state package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function testing. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. As per the clinical notes submitted, there was no documentation of a physical examination or a physician progress report on the initial requesting date of 07/24/2013.

Therefore, it is unknown whether this patient is currently utilizing NSAID medication, or is at risk for developing cardiovascular, liver, or renal disease the request for 1 total panel is not medically necessary and appropriate.