

<b>Case Number:</b>	CM13-0027672		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Pain Management 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 is a female patient with a date of injury of September 15, 2011. A utilization review determination dated August 28, 2013 recommends non-certification of "Thermo Cool hot and cold contrast therapy with compression for 60 days and trigger point injections over the paravertebral muscle region over T4 through T7 on the right side." A progress report dated June 10, 2013 identifies subjective complaint stating, "The patient complains of cervical spine, thoracic spine, and lumbar spine pain. Numbness and myospasm with loss of range of motion. She also complains of right wrist and right knee pain, spasms, numbness, and weakness with loss of range of motion. On a scale of 0 to 10 with 10 being the worst possible pain. The patient rates the severity of her pain as 10." Objective examination findings identify, "she has pain on palpation, taut muscles/spasm of the cervical spine, thoracic spine, lumbar spine, and right knee. She also has sensory loss of the right upper extremity specifically in the right hand. Trigger points are in the cervical spine, thoracic spine, lumbar spine, and right knee." Diagnoses include myofasciitis, pain in the cervical spine, pain in the thoracic spine, and pain in the lumbar spine. Treatment plan states quote treatment per AME." A progress report dated October 14, 2013 identifies a subjective complaint stating, "Patient continues to have pain in her right knee. She complains of right knee giving away. She is still awaiting clearance for surgical treatment for her right knee. She also complains of pain to her upper back around her scapular region." Objective examination findings identify, "antalgic gait on the right side. There is medial joint line tenderness. McMurray's click is present. There is crepitus over the patellofemoral joint. There is tenderness to palpation along the medial border of the scapula in the midsection of the scapula." Diagnoses include cervical spine sprain/strain, cervical disc protrusion, thoracic disc protrusion, r

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermoCool hot and cold contrast therapy with compression for 60 days: 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) Cold/heat packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs, Official Disability Guidelines (ODG), Knee & Leg, Compression Garments.

**Decision rationale:** Regarding the request for ThermoCool hot and cold contrast therapy with compression, Occupational Medicine Practice Guidelines state that physical modalities have no proven efficacy, but may have some value short term if used in conjunction with the program of functional restoration. Guidelines go on to state that at-home application of heat or cold are as effective as those performed by a therapist. ODG states that cold and heat packs are recommended as an option for acute pain. In general, guidelines support the use of low-tech heating and cooling modalities except in very limited cases such as postoperative treatment of knee conditions. Within the documentation available for review, the requesting physician has not identified why the patient would be unable to utilize low-tech heating and cooling solutions, which are commonly supported by guidelines for at-home application. Additionally, guidelines support the use of compression devices only for very limited diagnoses. None of those diagnoses have been listed here. As such, the currently requested ThermoCool hot and cold contrast therapy with compression is not medically necessary.

**trigger point injections over the paravertebral muscle region over T4-T7 on right side: 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)web 2012 "low back".

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG requires documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Guidelines recommend trigger point injections to be used concurrently with a rehabilitation program such as home exercise or physical therapy. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally,

there is no documentation of failed conservative treatment for 3 months to treat the specific area in question. Additionally, there is no documentation that the currently requested trigger point injections will be used concurrently with a program of evidence based functional restoration. In the absence of such documentation, the requested trigger point injections are not medically necessary.