

Case Number:	CM13-0030705		
Date Assigned:	08/18/2014	Date of Injury:	03/31/2010
Decision Date:	10/01/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family 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 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 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 52-year-old male who has submitted a claim for chronic myofascial pain syndrome, cervical and thoracolumbar spine, mild-to-moderate bilateral L5 radiculopathy, bilateral S1 radiculopathy, posttraumatic headaches, dizziness, and cognitive dysfunction, anxiety disorder, claustrophobia, sleep disturbance, suicidal ideation, left medial epicondylitis, major depression, and status post lumbar surgery (02/13/2013) associated with an industrial injury date of 08/31/2010. Medical records from 02/15/2012 to 02/21/2014 were reviewed and showed that patient complained of neck, upper, and lower back pain graded 6-8/10. Physical examination revealed BMI of 36, multiple myofascial trigger points and taut bands throughout the cervical paraspinals, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinals, and gluteal muscles, decreased cervical and lumbar ROM, hypesthesia along L5-S1 dermatomes bilaterally, weakness of dorsiflexors and plantarflexors (graded 4/5) bilaterally, and absent ankle jerk reflexes. MRI of the lumbar spine dated 04/30/2013 revealed postsurgical changes at L3-4 and L4-5 levels. MRI of the lumbar spine dated 12/20/2012 revealed L2-3, L3-4, and L4-5 disc protrusions with mild to moderate central canal and bilateral foraminal stenosis. MRI of the thoracic spine dated 01/08/2013 revealed mild kyphosis, T9-10 mild facet arthropathy with moderate bilateral foraminal stenosis, and amorphous ossification at T8-T9 vertebral body. EMG/NCV of bilateral lower extremities dated 07/06/2012 revealed mild to moderate bilateral L5 radiculopathy with slight worsening compared to previous study (04/2011). Treatment to date has included L3,L4,L5 lumbar laminectomy and lumbar right L4-5 microdiscectomy (02/13/2013), cervical trigger point injections (07/23/2013), lumbar ESI (02/28/2011), physical therapy, HEP, and pain medications. Of note, there was no documentation of functional outcome from previous cervical trigger point injections, HEP, and physical therapy. Utilization review dated 08/30/2013 denied the request for trigger point injections

because there was no documentation of circumscribed trigger points upon physical exam which were part of guidelines requirement. Utilization review dated 08/30/2013 denied the request for aquatic therapy because there was no indication of aquatic therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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 months. In this case, physical exam findings did not document presence of circumscribed trigger points. The patient underwent cervical trigger point injections (07/23/2013) with no documentation of greater than 50% pain relief for six weeks to support repeat trigger points injection. There was no documentation of functional outcome from previous physical therapy and HEP as well. The patient did not meet all of the criteria for trigger point injections. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Trigger point injections X4 is not medically necessary.

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, the patient's BMI is 36 kg/m². Aquatic therapy is a reasonable option

since reduced weight bearing is desirable. However, the request failed to specify the duration of aquatic therapy. Therefore, the request for aquatic therapy is not medically necessary.