

Case Number:	CM13-0033046		
Date Assigned:	12/11/2013	Date of Injury:	06/23/2001
Decision Date:	02/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery, 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 claimant is a 66-year-old gentleman who was injured in a work related accident on June 23, 2001. Recent clinical records for review include an orthopedic reassessment of August 16, 2013 with [REDACTED] where the claimant was noted to be with complaints of degenerative changes of the cervical spine, occipital neuritis, sprain to the trapezial muscles, lumbar radiculopathy and bilateral hip sprain. Specific to the claimant's low back, there was noted to be an examination showing tenderness to palpation over the right paraspinous muscles with pain with flexion and extension, hamstring tightness and spasm. Evaluation of the cervical spine showed tenderness over the trapezius with cervical paraspinous muscle spasm noted to be "50% improved" from last assessment. It is indicated the claimant underwent a significant course of recent physical therapy between July 13, 2013 and August 5, 2013. At last clinical assessment, there were recommendations for continuation of physical therapy for four additional sessions as well as trigger point injections to the right upper trapezial musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy L/S 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, physical therapy in the chronic setting is recommended to help control swelling, pain and inflammation in the acute rehabilitative process and is to be used sparingly. For myalgias and myositis, nine to ten sessions over an eight week period of time is supported. Records indicate that the claimant recently underwent a four week period of physical therapy. At present there would be no indication for an additional four sessions of physical therapy at this chronic stage in the claimant's clinical course of care.

One Trigger Point Injection right upper trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

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

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections to the trapezius would not be supported. Trigger point injections are recommended if there is clear documentation of circumscribed trigger point on examination with a palpable twitch response as well as referred pain. While the claimant is noted to be with continued complaints of pain over the trapezius, there is no documentation of a specific trigger point injection which would necessitate the role of this myofascial injectual procedure. The specific request in this case would not be indicated.