MAXIMUS Federal Services

| Case Number: | CM13-0045349 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 09/15/2011 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

## 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 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:

This is a 46-year-old female with a 09/15/2011 date of injury. Her progress report 10/14/2013 listed diagnoses are: cervical sprain/strain, an MRI showing small protrusions from C4 to C7, an MRI T-spine with 3-mm disk protrusion at T5-T6, rule out facet arthropathy and rule out scapulothoracic bursitis, right side. The patient's subjective complaint is continued pain on the right knee. She is still waiting for clearance for surgical treatment. The patient also complains of pain of the upper back and around the scapular region. An examination showed tenderness to palpation along the medial border of the scapula and the midsection of the scapula. Under treatment discussion, the treating physician [redacted] states that disk protrusion at T5-T6 can give the most pain. In the past she has had diagnostic facet blocks in the mid-thoracic region with significant relief, hence the possibility of facet arthropathy. The provider was requesting authorization for thoracic spine facet block on the right side and left T4 T5-T6. The provider indicates that he performed some trigger point injections to the patient's paraspinal muscle region approximately T4 to T7 on the right. Also "Thermocol hot and cold contrast therapy with compression" is requested for a period of 60 days for pain control, reduction of inflammation, and increase of circulation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A group of trigger point injections at the paravertebral muscle over the right side T4 through T7:** Upheld

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

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

**Decision rationale:** This patient presents with chronic thoracic pain. The treating physician's report from 10/14/2013 shows that the patient was provided with trigger point injections previously. However, the examination only showed tenderness to palpation along the medial border of the scapula. The MTUS Guidelines on page 120 further state that trigger point injections are "recommended only for myofascial pain syndrome as indicated below." For trigger point injection criteria, documentation of the circumscribed trigger points with evidence of a twitch response as well as referred pain is required. This patient's myofascial pain is not documented and on examination there was no trigger point. The recommendation is for denial.

**A ThermoCool hot and cold contrast therapy with compression- 60 days for pain control for the right knee and back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

**Decision rationale:** This patient presents with chronic mid-thoracic and knee pain. The treating physician's report from 10/14/2013 is recommending Thermocol hot and cold contrast therapy rental for 60 days. The MTUS and ACOEM Guidelines do not discuss continuous flow of cryotherapy. The ODG Guidelines under the knee chapter recommend this unit as an option for after surgery or postoperative management, and it is generally recommended for up to 7 days. This patient is not postoperative, and the request is for 60 days exceeds what is allowed by the ODG Guidelines. The recommendation is for denial.