

<b>Case Number:</b>	CM13-0054251		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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, 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 27-year-old female with date of injury of 10/23/2008. The listed diagnoses per the provider dated 11/04/2013 are: (1) Lumbosacral sprain/strain with lumbar DJD at L4-L5 and L5 S1 with facet arthrosis, (2) Myofascial pain with musculoskeletal pain. According to report dated 11/04/2013 by the provider, the patient presents with continued complaints of low back pain. The patient reports pain as stabbing like pain in the left side of the back that radiates down to the left buttock and left leg. The patient was noted to take 1 to 2 Norcos per day when she has severe pain. She reports at least 50% functional improvement with taking Norco. The patient is unable to tolerate NSAIDs (Nonsteroidal anti-inflammatory drugs) as they upset her stomach. She currently uses upwards of 2 ThermoCare patches as she finds it "helpful in decreasing her dependence on pain medication and helps her to stay busy as a housewife, taking care of her 2 children and husband." MRI (magnetic resonance imaging) of the lumbar spine dated 06/06/2013 showed L4-L5 and L5-S1 degenerative disk disease, small left extraspinal L4-L5 cystic lesion likely an extraspinal synovial cyst, facet hypertrophy at L4-L5 and L5-S1. An EMG (Electromyography) dated 03/19/2012 states no evidence of acute or chronic denervation to suggest either an acute or chronic lumbar radiculopathy. There is no evidence on nerve conduction studies to suggest a peripheral entrapment neuropathy or peripheral polyneuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare heat patches #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (acute & chronic)

**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)

**Decision rationale:** This patient presents with continued low back pain. The provider request ThermaCare heat patches as the patient "finds it helpful in decreasing her dependence on pain medication." The utilization review dated 11/14/2013 denied request stating "Heating patches are only recommended for chronic lower back pain during flareups". The ACOEM Guidelines state, "at-home local applications of heat or cold are as effective as those performed by therapists." The Official Disability Guidelines (ODG) guidelines consider heat therapy as a recommended option. According to report dated 11/04/2013, the patient was noted "to use upwards of 2 ThermaCare patches a day as she finds them helpful in decreasing her dependence on pain medication". Given the documentation that the patient is unable to take NSAIDs (nonsteroidal anti-inflammatory drugs), the efficacy of these patches, and support from the guidelines, recommendation is for approval.

**Trigger point injections: Upheld**

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

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

**Decision rationale:** This patient resents with continued low back pain. The provider is requesting trigger point injections. The utilization review dated 11/14/2013 denied request stating "No twitch response" upon examination. The MTUS Guidelines has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome with limited lasting value. Not recommended for radicular pain". The MTUS further states that all criteria need to be meet including documentation of trigger points(circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, etc. In this case, the provider indicates that the patient presents with myofascial pain lasting more than 3 months. However, on examination, there is no documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," as required by MTUS guidelines. The recommendation is for denial.