MAXIMUS Federal Services

| Case Number: | CM13-0058825 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 03/25/2012 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

## 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 Orthopedic Surgery and is licensed to practice in Texas. 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 37 year old female whose date of injury is 03/25/2012. The patient reports that a box fell on her back. Initial orthopedic evaluation dated 04/16/13 indicates that the patient attended physical therapy with some benefit. Diagnostic impression notes musculoligamentous sprain/strain of the lumbar spine, and chronic low back pain. The patient was determined to have reached maximum medical improvement and is deemed permanent and stationary. The patient was provided 8% whole person impairment. Orthopedic spine surgery consultation dated 10/17/13 indicates that the patient complains of neck pain, low back pain, buttock and posterior thigh pain. On physical examination sensation is intact in the bilateral upper extremities. Strength is rated as 5/5 throughout. Deep tendon reflexes are 2+. She is tender to palpation in the low back paraspinal musculature diffusely and over the region of the right posterior superior iliac spine. Faber is negative. Lumbar range of motion is flexion 55, extension 20, and bilateral lateral flexion 20 degrees. There is no evidence of neurologic impingement throughout the lumbar spine which would explain her lower extremity symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) SIX (6) SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Physical Therapy (PT)- Home Exercise Program (HEP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for PT six sessions is not recommended as medically necessary. It is unclear how many sessions of physical therapy the patient has completed to date. There are no specific, time-limited treatment goals provided. The patient's lumbar MRI is reportedly largely unremarkable. The patient's compliance with a home exercise program is not documented. CA MTUS guidelines support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenace care is not medically necessary.

**TRIGGER POINT INJECTIONS TIMES FOUR (4) FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for trigger point injections times four for the lumbar spine is not recommended as medically necessary. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by CA MTUS guidelines. The submitted records fail to establish the presence of myofascial pain syndrome.