

Case Number:	CM13-0060001		
Date Assigned:	12/30/2013	Date of Injury:	11/10/1995
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old male who reported an injury on 11/10/1995. The Authorization Request Form for Medical Treatment [REDACTED] Form RFA dated 11/14/2013, listed diagnosis of post laminectomy for the procedure request of physical therapy 2 times a week for 6 weeks and a trigger point injection. The office visit dated 11/05/2013 indicated that the injured worker was status post an L4-5 lateral interbody fusion from 04/2012 with significant improvement of symptoms, with recurrence 4 weeks ago that during a bending motion to the right, the injured worker had an onset of severe low back pain. The injured worker was is in for a follow-up to discuss treatment options and stated that he has had mild improvement of back pain, but continues to have significant bilateral back pain, left mid back, and right lower leg with stiffness on forward flexion and inability to tolerate prolonged periods of standing, sitting, or walking. The injured worker denied lower extremity radiating pain, numbness, tingling, or weakness at that time. The injured worker reported that he did not start his Norco but continued to take Tramadol 150 mg daily, and he takes ibuprofen 800 mg for breakthrough pain and is on a daily proton pump inhibitor. On physical exam, the treating physician documented that the injured worker had a 50% limitation of range of motion throughout the lumbar spine since the exacerbation of symptoms with lateral rotation to 20 degrees on the right side, and to 5 degrees on the left side. The injured worker had point tenderness at L2 through L4 paraspinal musculature and facet joints in addition to L5-S1 intervertebral space and no evidence of erythema or dysesthesias. No decreased sensation was noted to cold and pinprick bilaterally. The physician documented in the impression of plan that the injured worker had no neurological deficits from the exam and pain continued to be the primary concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 12: Upheld

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

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

Decision rationale: The request decision for physical therapy times 12 is non-certified. The California MTUS Guidelines recommend active self-directed home physical medicine with physical medicine combined to have the best outcome for the injured worker. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The California MTUS Guidelines recommend allowing for fading of treatment frequency, while continuing the active self-directed home physical medicine. The documentation provided for review did not indicate how many times a week or for what part of the body the physical therapy was requested. The documentation for review also did not note any home self-directed physical exercise that the injured worker is already performing. The documents noted for review noted no neurological deficits on exam and no decrease in sensation to cold or pinpricks bilaterally. No documentation was provided regarding medications other than as needed ibuprofen 800 mg, tramadol 150 mg daily, and Norco, which the injured worker does not take. Therefore, the request for the physical therapy is non-certified.

TRIGGER POINT INJECTION: 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): 122-123.

Decision rationale: The request for the trigger point injection is non-certified. The California MTUS state trigger point injections are only recommended for myofascial pain syndrome, with limited lasting value. The trigger point injections are not recommended for radicular pain, according to the California MTUS. Criteria for the use of the trigger points include local anesthetic for the treatment of low back and/or neck pain with myofascial pain syndrome when all of the criteria are met, which includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for more than 3 months, medical management therapy such as ongoing stretching, exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain, radiculopathy is not present by exam, imaging, or neural testing. The documentation provided for review did not include any documentation of stretching exercises at home, physical therapy, NSAIDs that have been tried, muscle relaxants that have been tried and failed to control the pain. Documentation for the request for the trigger point

injections did not include the area to be injected, how many injections were to be given in a session. Therefore, the request for the trigger point injections is non-certified.