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| Case Number: | CM13-0066126 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/06/2011 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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, has a subspecialty in Pain Management 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 patient is a 47 year old female who was injured on 05/23/2012. She sustained an injury from a fall at work. Prior treatment history has included acupuncture. The patient underwent four sessions of acupuncture treatment and she stated that her neck was beginning to show some improvement. Quick Status Update dated 11/21/2013 documents the patient was approved for sessions of acupuncture for her cervical spine. Quick Status update dated 11/22/2013 states the patient reported persistent dizziness, pain in her neck and both trapezius muscles and in her right shoulder. There is tenderness noted to palpation of the patient's cervical spine. There is also pain reported at the base of the skull with palpation. She has positive trigger points were noted in the cervical spine as well. The patient was then evaluated for her dizziness. A Dix-Hallpike test was performed. The patient demonstrated nystagmus of her eyes during the test, a positive finding for benign positional vertigo. It was explained to her by [REDACTED] that the head trauma during the fall could be a cause for the vertigo. The cervical spine pain could also be a contributing factor as the patient's posture and muscle spasms caused by the neck pain could result in off balance, and vertigo. Progress report dated from 11/24/2013 to 12/06/2013 indicated on the patient's treatment plan that pain medications and muscle relaxers were needed. Requests for an additional course of physical therapy for the cervical spine; an ultrasound guided trigger-point injections to the cervical spine; an additional course of physical therapy for the right shoulder; and ultrasound guided cortisone injection to the right shoulder. The patient is currently working modified duty. PR2 dated 12/05/2013 documents the patient to have pain in her shoulder but continues to improve with time. Her range of motion has improved as she continues her daily home exercise program. She continues with her oral medications including Norco and Tramadol as needed for pain. She reports adequate relief with the current regimen

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: According to the CA MTUS active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). The medical records do not indicate the patient presents with a recent exacerbation, re-injury or trauma. The medical records do not appear to document the existence of clinically significant functional deficits on examination as to establish medical necessity for the requested additional physical therapy. According to the PR2 dated 12/05/2013 the patient's range of motion has improved as she continues her daily home exercise program. The medical records demonstrate the patient has undergone a course of physical therapy along with instruction in home exercises. The CA MTUS guidelines state patients are expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. In the absence of notable functional deficits on examination, or indication of recent injury, the medical necessity for additional cervical Physical Therapy (PT) 2x3, has not been established

ULTASOUND GUIDED TRIGGER POINT INJECTION, CERVICAL: 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: According to CA MTUS, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. According to the 11/22/2013 quick status report, trigger points were present. However, there is no detailed examination findings establishing active trigger points are present. The medical records do not document circumscribed trigger points with evidence upon palpation of a

twitchresponse as well as referred pain. In addition, there is no indication that symptoms have persisted for more than three months, and have not been response to medical therapies such as ongoing stretching exercises, physical therapy, judicious use of Non-Steroidal Anti-Inflammatory Drugs (NSAID) and muscle relaxants. According to the medical records, the patient's cervical and shoulder region condition have been improving with the current course of treatment. The medical records do not substantiate the patient has cervical region myofascial pain syndrome. The medical necessity for ultrasound guided trigger point injection has not been established.