

Case Number:	CM14-0019346		
Date Assigned:	04/21/2014	Date of Injury:	09/24/1993
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 64-year-old female who reported an injury on 11/24/1993. The mechanism of injury was not provided for review. The injured worker ultimately underwent a lumbar fusion at the L3-5 levels in 03/2013 followed by postoperative physical therapy and trigger point injections. The injured worker was evaluated on 01/07/2014. It was documented that the injured worker complained of low back pain radiating into the lower extremities. It was noted that the injured worker had previously received trigger point injections with approximately 2 weeks of relief. Physical findings included an antalgic gait, tenderness to palpation of the paraspinal musculature of the lumbar spine, limited range of motion secondary to pain, and decreased extensor hallucis longus motor strength and ankle dorsiflexion rated at 4+/5 to the left. The injured worker's treatment plan included continued medications, physical therapy, repeat trigger point injections, and a walker to assist with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT TRIGGER POINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested repeat trigger point injections are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommend repeat trigger point injections if there is documentation of at least 50% pain relief for approximately 4 to 6 weeks and documentation of functional improvement. California Medical Treatment Utilization Schedule also recommends that frequency should not be at an interval of less than 2 months. The clinical documentation submitted for review does not provide any evidence that the injured worker had at least 50% pain relief. It is noted that the injured worker only had pain relief for approximately 2 weeks. Additionally, it appears that the last injections were only a month ago. Therefore, repeat injections would not be supported. Additionally, there is no documentation of palpable trigger points with a twitch response. As such, the requested repeat trigger point injections are not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE LUMBAR SPINE, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: The requested physical therapy for the lumbar spine 2 times a week for 6 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does support that the injured worker has had extensive postoperative physical therapy. The injured worker should be well versed in a home exercise program. There are no factors noted within the documentation to preclude further progress of the injured worker while participating in a home exercise program. As such, the requested physical therapy 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate.