

Case Number:	CM14-0019442		
Date Assigned:	04/23/2014	Date of Injury:	06/20/2011
Decision Date:	07/04/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/15/2014

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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for increased pain radiating to his legs, left worse than right associated with an industrial injury date of January 20, 2011. Treatment to date has included medications, pool therapy for 4 sessions and acupuncture. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased pain radiating to his legs, left worse than right. The low back pain was characterized as an ache, deep, discomforting, sharp and throbbing. The pain is aggravated by daily activities specifically during extension, standing, twisting and walking. Pain is alleviated by pain medications. On physical examination, there was generalized tenderness noted on the cervical paraspinal muscles specifically over the upper trapezial muscle groups, bilaterally. Slight tenderness was noted on both posterior deltoids. Range of motion of the cervical spine was as follows: flexion at 20 degrees, extension at 50 degrees, lateral bending at 20 degrees bilaterally and rotation at 25 degrees bilaterally. An increase in neck pain was noted on cervical range of motion. Documented assessment of the lumbar spine showed tenderness in the lumbosacral where muscle spasms were noted. There was no specific tenderness noted over the sciatic notches upon palpation. Straight leg raise was positive at 50 degrees for back pain and mildly positive sciatic stretch test on the right at approximately 60 degrees was noted. Muscle spasms and marked stiffness were also seen. Ranges of motion of the lumbosacral area were as follows: flexion at 20 degrees, extension at 10 degrees, and lateral bending at 10 degrees bilaterally. Examination of the lower extremities showed an antalgic gait. EMG nerve conduction velocity done on 08/28/2012 showed, mild, chronic, right L5 and S1 radiculopathies. MRI done on 11/02/2012 showed, straightening lumbar lordosis and multilevel degenerative disc disease from L3-L4 and L5-S1 with varying degrees of central and neural foraminal narrowing. Utilization review from February 14, 2014 denied the request for physical therapy 2 times a

week for 3 weeks - aquatic therapy because there was no documentation that the patient had any significant pain relief and function improvement. Injection trigger points, low back, quantity: 3 was also denied because the patient has no twitch response or myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 3 WEEKS-AQUATIC THERAPY, FOR THE BACK: 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): 26.

Decision rationale: According to page 26 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy, where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient already underwent four sessions of aquatic therapy; however, there is no documented functional gains derived from it. Furthermore, there is no data on body mass index, thus, it is unknown if the patient has obesity, which can warrant water-based therapy. The guideline criteria have not been met. Therefore, the request for physical therapy, 2 times a week for 3 weeks - aquatic therapy, for the back is not medically necessary.

TRIGGER POINT INJECTIONS, FOR THE LOW BACK QUANTITY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 123.

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

Decision rationale: According to page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. In this case, the patient was not documented to have myofascial pain syndrome nor was there any evidence of a twitch response upon palpation. The guideline criteria have not been met. Therefore, the request for trigger point injections, for the low back, quantity: 3 are not medically necessary.