

<b>Case Number:</b>	CM14-0126644		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 72 year old female with a work injury dated 4/23/02. The diagnoses include failed back syndrome (lumbar), other affections of the shoulder region not otherwise specified, cervical spondylosis, lumbosacral radiculopathy, fibromyalgia/myositis, lumbar spondylosis. Under consideration is a request for trigger point injections and physical therapy 6 sessions. There is a primary treating physician report dated 8/11/14 which states that the patient returns for workers compensation follow up for low back pain. She uses a rolling walker for ambulation needs. She has low back pain that radiates to the buttocks bilaterally. She recently was released from the nursing home following right ankle fracture after a fall 4 months ago. She had been on high doses of opioids and this has been reduced. She is experiencing significant pain and disability. She also had a recent loss and has sadness associated which also affects her pain. She has been denied physical therapy and trigger point injections. She states that the trigger point injections have been effective in the past (having received them every other month). Trigger points have been requested for lumbar quadratus lumborum bilaterally. Physical therapy - 6 sessions only to review and revise her home exercise program. She has not participated in physical therapy in the last year and she was unclear how many sessions she actually did have prior to that. She particularly remembers- having had aqua therapy that was extremely beneficial for her and improved her overall function and reduced her pain. She stated that her mobility was greatly improved and was able to walk more without the excruciating pain in her legs and back. The patient complains of low back pain. On exam Palpation of the lumbar facet reveal pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. The patient's gait appears to be antalgic. There is tenderness of the lumbar paraspinal musculature bilaterally and facets in the upper, mid, and lower back. Range of Motion

(ROM) is limited. Trigger points palpated bilateral quadratus lumborum. Gait is antalgic due to right ankle fracture. The treatment plan states that this is a female with low back pain secondary to postlaminectomy syndrome and myofascial pain. She recently fell and fractured her right ankle, ORIF performed and she was in a nursing facility x 3 months. She has been on a reduced medication regimen. She is aware not to take anything too sedating at night and must use her walker with scat for ambulation to avoid further falls.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trigger Point Injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

**Decision rationale:** Trigger point injections are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the "criteria for trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy." The documentation fails to reveal a twitch response. There is no documentation of patient having attempted a home exercise program. The patient was given a diagnoses of lumbar radiculopathy and describes leg pain. Trigger point injections are not indicated for radicular symptoms. The request does not state a quantity or location of the trigger point injections. The request for trigger point injection is not medically necessary.

#### **Physical Therapy six sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physician medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy 6 sessions is not medically necessary per the MTUS Guidelines. The request does not indicate the body part indicated for the therapy. The documentation indicates that 6 sessions were requested to teach a home exercise program and obtain a Transcutaneous Electrical Nerve Stimulation (TENS) unit. The documentation indicates that the patient has had prior therapy without evidence of functional improvement. The patient should be versed in a home exercise program at this point. Additionally without evidence of improvement from prior therapy the request for further therapy is not necessary. The request for physical therapy 6 sessions is not medically necessary.

