

Case Number:	CM14-0162396		
Date Assigned:	10/03/2014	Date of Injury:	03/25/2012
Decision Date:	10/16/2014	UR Denial Date:	09/26/2014
Priority:	Expedited	Application Received:	10/02/2014

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 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:

This 55 year-old patient sustained an injury to her low back and right hip on 3/25/12 after falling while picking berries while employed by [REDACTED] and [REDACTED]. Request(s) under consideration include Physical Therapy (12-sessions), Ultrasound Guided Trigger Point Injection (paraspinal muscles, bilaterally at the L4-5 level), and Labs: Complete Blood Count, Chemistry Panel, Arthritis Panel, Sed Rate, C-Reactive. Diagnoses include lumbosacral strain/sprain and lumbar intervertebral disc displacement without myelopathy. EMG/NCVs dated 7/23/12 documented normal study. MRI of lumbar spine dated 4/24/12 showed prominent disc protrusion at L5-S1 without canal stenosis throughout vertebral levels; mild L3-S1 right neural foraminal narrowing. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Per panel QME in July 2012, future medical recommended conservative treatment modalities along with epidural steroid injections; however, the patient had declined. The patient continued to treat for chronic ongoing symptoms. Report of 8/21/13 noted patient with low back and left lower extremity symptoms rated at 7/10 on VAS. Exam showed lumbar spine tenderness with limited range; neurological exam of lower extremity unchanged with plan to continue PT and medications. The patient remained TTD status. The patient underwent ESI of L5 and S1 on 8/18/14. Report of 9/16/14 from the provider noted constant numbness, pain, tingling and throbbing continuing with meds and chiropractic/PT without mention of recent ESIs. Exam showed unchanged tenderness to palpation with limited lumbar range; hypesthesia in bilateral L5 and S1; diffuse decreased strength in bilateral lower extremities. The request(s) for Physical Therapy (12-sessions), Ultrasound Guided Trigger Point Injection (paraspinal muscles, bilaterally at the L4-5 level), and Labs: Complete Blood Count, Chemistry Panel, Arthritis Panel, Sed Rate, C-Reactive were non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 49, 83, 87-88, 289, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 103. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, pages 113-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Guidelines -Allow for fading of treatment frequency (from.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy (12-sessions) is not medically necessary and appropriate.

Ultrasound Guided Trigger Point Injection (paraspinal muscles, bilaterally at the L4-5 level): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 129.

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

Decision rationale: There is MRI findings of disc protrusion with neural foraminal stenosis suggesting radicular pain origin. The goal of Trigger Point Injections, (TPI) is to facilitate progress in PT and ultimately to support patient success in a program of home stretching

exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence of referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment requests include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified neurological findings and imaging with radicular component identifying foraminal narrowing for this chronic 2012 injury. The patient has had previous ESIs without evidence of functional benefit, decreased pharmacological profile and medical utilization, or change in work status remaining TTD status. Medical necessity for the Ultrasound guided Trigger point injections has not been established and does not meet guidelines criteria. The Ultrasound Guided Trigger Point Injection (paraspinal muscles, bilaterally at the L4-5 level) is not medically necessary and appropriate.

Labs: Complete Blood Count, Chemistry Panel, Arthritis Panel, Sed Rate, C-Reactive:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing; and on the Non-MTUS Orthopedic Knowledge Update 9, Fischgrund, Editor; Chapter 9, page 105, ACC/AHA 2007 Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring Page(s): 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2012 from a slip and fall from picking berries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Labs: Complete Blood Count, Chemistry Panel, Arthritis Panel, Sed Rate, C-Reactive are not medically necessary and appropriate.