

Case Number:	CM14-0029468		
Date Assigned:	07/16/2014	Date of Injury:	06/16/1997
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 is a patient with a date of injury of 6/16/97. A utilization review determination dated 2/28/14 recommends non-certification of cervical spine trigger points with ultrasound machine, four wheeled walker with seat, and physical therapy. A 2/13/14 medical report documents pain in both arms and buttock pain. On exam, there is tenderness right and left trapezius with spasms, flexion 30 degrees with pain, C5 and C6 dysesthesia. The diagnoses include lumbar radiculitis, lumbar degenerative disc disease, and cervical sprain strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine trigger points with ultrasound machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19057634>.

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

Decision rationale: Regarding the request for Cervical spine trigger points with ultrasound machine, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided there is documentation of circumscribed

trigger points with evidence upon palpation of a twitch response as well as referred pain and radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there is no indication of trigger points as defined above and there are findings suggestive of radiculopathy. In light of the above issues, the requested cervical spine trigger points with ultrasound machine are not medically necessary.

Physical therapy twice weekly for three weeks to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines neck and upper back, physical therapy and low back, physical therapy sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy twice weekly for three weeks to the cervical and lumbar spine, California MTUS cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous physical therapy sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy twice weekly for three weeks to the cervical and lumbar spine is not medically necessary.