

Case Number:	CM14-0054008		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2011
Decision Date:	08/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of August 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; eight sessions of chiropractic manipulative therapy, claims administration; and 16 sessions of acupuncture. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for trigger point injections and six sessions of physical therapy. The physical therapy was denied on the grounds that the applicant had had extensive treatment through a chiropractor which, presumably included physical therapy, the claims administrator contended. The trigger point injections were apparently denied on the grounds that the applicant did not have concrete evidence of tender points or trigger points for which trigger point injection therapy would be indicated. In an appeal letter dated April 28, 2014, the applicant's attorney stated that the applicant did have evidence of palpable, taut bands of muscle tissue. The applicant's attorney complained that utilization reviewer was questioning the timing of symptoms. The applicant's attorney stated that a trial of one set of injections was indicated so as to determine whether or not the applicant could improve with the same. In an April 1, 2014 progress note, the applicant's primary treating provider, a chiropractor, did note that the applicant reported persistent mid back pain with focal tenderness, palpable taut bands of muscle tissue, and also exhibited twitching in response to deep palpation. 5/5 motor strength was appreciated by the extremities. Trigger point injection therapy and physical therapy were endorsed along with a fairly permissive 60-pound lifting limitation. On April 8, 2014, the applicant's primary treating provider, a chiropractor, stated that the applicant did have evidence of myofascial tender points and did not have any evidence of radicular pain complaints. The primary treating provider suggested that the applicant had tried and failed physical therapy and analgesic medications before consideration

was given to the trigger point injections in question. The remainder of the file was surveyed. There was no evidence that the applicant had had, in fact, had prior trigger point injections. In a doctor's first report dated October 10, 2013, the applicant's primary treating provider, a chiropractor, ordered an MRI of the thoracic spine and eight sessions of chiropractic manipulative therapy. In an October 10, 2013 report, the applicant's primary treating provider suggested that the applicant was no longer working as a cook, although again, this was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: Overturned

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended in applicants with documented myofascial pain syndrome with evidence of circumscribed trigger points in whom symptoms have persisted for greater than three months who have failed medical management therapies, including stretching exercise, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and/or muscle relaxants who did not have active radicular complaints. In this case, the applicant does not appear to have had any prior trigger point injections. As suggested by the applicant's attorney, this appears to be a first-time request. As further suggested by the applicant's primary treating provider, the applicant has apparently tried and failed other modalities, including physical therapy, unspecified oral medications, and acupuncture. A trial of trigger point injections is therefore indicated. Accordingly, the request for trigger point injections is medically necessary and appropriate.

Physical therapy for the thoracic spine, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic.2. MTUS . Page(s): 8,99.

Decision rationale: The applicant appears to have had prior treatment (eight to sixteen sessions, per the claims administrator), seemingly in excess of the nine-session course recommended in the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No clear rationale for further treatment in excess of the Chronic Pain Medical Treatment Guidelines parameters was proffered by the attending provider. It is further noted that the Initial Approaches to Treatment Chapter of the American College of

Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that the value of physical therapy increases with clear communication of treatment goals between the attending provider and treating therapist. In this case, however, it has not been clearly stated what the goals of physical therapy are, going forward. The applicant's present work and functional status have not been outlined. The applicant's response to earlier physical therapy treatment has not been clearly described. As noted in the Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the provided documentation does not clearly establish the presence of functional improvement with earlier unspecified amounts of physical therapy treatment. Therefore, the request for physical therapy for the thoracic spine, twice weekly for three weeks, is not medically necessary or appropriate.