MAXIMUS Federal Services

Case Number:	CM14-0153869		
Date Assigned:	09/23/2014	Date of Injury:	04/10/2004
Decision Date:	01/23/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/21/2014

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 Rehab, 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 58-year old female with a work injury dated 4/10/04. The diagnoses include chronic cervical strain; chronic lumbar strain; chronic bilateral carpal tunnel syndrome; depression and anxiety. Under consideration are requests for Physical Therapy for Cervical and Lumbar Spine #10, and Trigger Point Injections to Cervical and Lumbar Para-spinals. There is a document dated 7/29/14 that states that the patient states that prior physical therapy was helpful as were injections which the documenting physician states sound like trigger pint injections were helpful. She complains of constant pain in her lower back that can be on either the right or the left side. She has radiation down the lateral and posterior aspects of her legs all the way down to her toes. She has intermittent numbness and tingling in the toes of both feet. She has constant throbbing pain in both of her hands that is made worse with any type of gripping or repetitive activity. She has constant numbness at the tips of all of her fingers. She has shooting pains in the back of her right hand as well. Her hand symptoms can be improved with hot paraffin wax. Ibuprofen also helps. On exam she is anxious, tearful, borderline hysterical at times and then is quite rational and calm. She is 5'4",147 pounds. She has full range of motion of the cervical spine, both of her shoulders, elbows, wrists, and lumbar spine. She has symmetric reflexes in both the upper and lower extremities and there is no Hoffmann's or clonus. Sensation is intact in both her upper and lower extremities. She has 5/5 strength in her bilateral upper and lower extremities. With provocative maneuvers, Spurlings sign is unremarkable in the cervical spine. Straight leg raise is unremarkable in the lumbar spine. She does have positive Tinel's, Phalen's, and Durkan's at both of her wrists. She has palpable guarding along her cervical, thoracic, and lumbar paraspinals bilaterally. The discussion states that the patient has suffered multiple injuries to her lumbar spine, both of her elbows, and left wrist. Her history is summarized above. She is suffering from chronic neck and back pain as a result of multiple industrial injuries. Imaging

studies of her neck and spine are largely unremarkable. Clinically, she also presents with carpal tunnel syndrome with numbness and pain in both of her hands. Electrodiagnostic studies have confirmed carpal tunnel syndrome. The treatment plan is 10 sessions of PT as well as trigger point injections for palpable guarding and spasms in paraspinals in cervical and lumbar spine. She is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical and Lumbar Spine #10: 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): 98-99.

Decision rationale: Physical Therapy for Cervical and Lumbar Spine #10 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior physical therapy. Without evidence of the amount of prior therapy and the outcome with objective evidence of functional improvement of prior therapy visits additional therapy cannot be certified. Therefore, Physical Therapy for Cervical and Lumbar Spine #10 is not medically necessary.

Trigger Point Injections to Cervical and Lumbar Para-spinals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Article 60602 Medical Treatment Utilization Schedule

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

Decision rationale: Trigger point injections to cervical and lumbar para-spinals are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when the following criteria are met :(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, there should be not more than 3-4 injections per session with no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The request does not indicate a quantity of injections and the exam does not reveal a twitch response. The request for trigger point injections to cervical and lumbar para-spinals are not medically necessary.