

<b>Case Number:</b>	CM14-0196151		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Interventional Spine 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 patient is a 32-year-old female with date of injury of 03/20/2008. The listed diagnoses from the 09/05/2014 are: 1. Musculotendinoligamentous sprain/strain of the lumbar spine (both). 2. Disk bulging, lumbar spine. 3. Radiculopathy, lumbar spine. 4. Sacroiliac dysfunction. 5. Adjustment reaction with depression and anxiety secondary to chronic pain and disability. 6. Chronic pain and disability with delayed functional recovery. 7. Degenerative disk disease of the lumbar spine. 8. Lumbar facet arthropathy. 9. Insomnia. According to this report, the patient complains of upper back, left knee, and right foot pain. Her pain level has remained unchanged since her last visit. She rates her pain 6/10. The pain occurs intermittently. The patient reports that she is tolerating her home exercises, use of ice packs, hot showers, and yoga. No physical examination was noted on this report. The QME report from 01/16/2014 shows mild to moderate paraspinal spasm. She has good lordosis. Motor strength is 5/5 in the lower extremities. Some hypesthesia in the right lateral thigh and calf. Deep tendon reflexes are brisk and symmetric at the patella and Achilles. Negative straight leg raise. The MRI of the lumbar spine showed desiccation with normal stature and central disc protrusion by approximately 4mm with ventral narrowing at L4-5 and L5-S1. The documents include an x-ray of the lumbar spine from 07/25/2014, MRI of the lumbar spine from 09/18/2013, QME report from 01/16/2014, and progress reports from 01/30/2014 to 10/17/2014. The utilization review denied the request on 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection for the lumbar spine QTY: 3.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

**Decision rationale:** This patient presents with upper back, left knee, and right foot pain. The treater is requesting. A trigger point injection for the lumbar spine quantity 3. The MTUS guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records do not show any previous trigger point injections to the lumbar spine. The report making the request does not show any physical examination findings and there is no documentation of a "twitch response as well as referred pain" upon palpation as required by MTUS. The request IS NOT medically necessary.

**Trigger point injections for the thoracic spine QTY: 3.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** This patient presents with upper back, left knee, and right foot pain. The treater is requesting trigger point injections for the thoracic spine quantity 3. The MTUS guidelines page 122 under its chronic pain section states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including: documentation of trigger points; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The records show the patient has not had any previous trigger point injections to the thoracic spine. However, the progress report from 09/05/2014 does not show any physical examination including "twitch response as well as referred pain" upon palpation on examination which is required by the MTUS Guidelines for Trigger Point Injections. The request IS NOT medically necessary.

**Physical therapy three times a week for four weeks for the lumbar spine QTY: 12.00: 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 therapy Page(s): 98 and 99.

**Decision rationale:** This patient presents with upper back, left knee, and right foot pain. The treater is requesting physical therapy 3 times a week for 4 weeks for the lumbar spine quantity 12. The MTUS Guidelines page 98 and 99 on physical therapy recommends 8 to 10 visits for myalgia, myositis and neuralgia type symptoms. The records do not show any previous physical therapy reports to verify how many treatments the patient has received and with what results. Given the patient's persistent pain, a short course of physical therapy is appropriate; however, the requested 12 sessions exceeds the MTUS recommendation of 8-10 sessions. The request IS NOT medically necessary.

**TENS unit QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114 to 116.

**Decision rationale:** This patient presents with upper back, left knee, and right foot pain. The treater is requesting a tens unit quantity 1. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has used a TENS unit in the past. The current request is for "TENS unit quantity 1" there is no indication that the patient has already completed a 30-day trial and MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request IS NOT medically necessary.