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| Case Number: | CM14-0199093 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 01/01/2004 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 54 year old male with an injury date of 01/01/04. Based on the 10/29/14 progress report provided by treating physician, the patient complains of neck pain rated 2-7/10 that radiates down bilateral shoulders. Patient is status post lumbar epidural steroid injection to L4/5 and L5/S1 bilaterally on 08/08/14, per operative report. Physical examination to the cervical spine on 10/29/14 revealed tenderness to palpation over the paraspinal muscles from C3/4 to C6/7 bilaterally, and decreased range of motion. Positive cervical facet joint tests laterally. Positive Spurling's test. Trigger point palpated. Per progress report dated 10/29/14, treater requests "physical therapy for spine stabilization and strengthening program" and "in-office ultrasound guided trigger point injection for pain relief and functional gain." Treater states in progress report dated 11/24/14 that patient "reports similar injections in the past have provided excellent relief." Patient's medications include Lidoderm patches, topical cream, Ibuprofen, Neurontin and Tylenol per treater report dated 10/20/14. Patient is permanent and stationary, and retired as of 02/01/13 per 07/18/14. MRI of the Cervical Spine 09/24/13, per progress report dated 06/06/14- multilevel degenerative changes of the cervical spine with mild spinal canal stenosis from C3-C4 through C5-C6- multilevel high neural foraminal stenosesDiagnosis 10/20/14, 10/29/14, 11/24/14- cervicgia- cervical radiculopathy- numbness- disc bulge- spinal stenosisThe utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 06/06/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 8 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy

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

Decision rationale: The patient presents with neck pain rated 2-7/10 that radiates down bilateral shoulders. The request is for physical therapy, 8 sessions. The MTUS pages 98, 99 states the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 10/29/14, the physician requests "physical therapy for spine stabilization and strengthening program." Given the patient's symptoms, the request for 8 physical therapy sessions to the cervical spine would be reasonable. However, there is no discussion of treatment history, and it is not known why the patient requires formalized therapy and is unable to do home exercises to manage pain. The MTUS page 8 requires that the treating physician provide monitoring and make appropriate recommendations. Given the lack of treatment history discussion and how the patient responded to therapy treatments in the past, the request is not medically appropriate.

In-office ultrasound guided trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19057634

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

Decision rationale: The patient presents with neck pain rated 2-7/10 that radiates down bilateral shoulders. The request is for in-office ultrasound guided trigger point injection. The MTUS Guidelines, page 122, 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 all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not

recommended."Per progress report dated 10/29/14, physician requests "in-office ultrasound guided trigger point injection for pain relief and functional gain." The physician states in progress report dated 11/24/14 that patient "reports similar injections in the past have provided excellent relief." However, the physician has not documented the location nor mentioned the date when previous procedure was performed; MTUS requires greater than 50% pain relief for six weeks after the injection. The physician states "trigger point palpated" upon physical examination to the cervical spine on 10/29/14, but does not provide documentation of "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain, as required by guidelines. Furthermore, the patient presents with radiculopathy, for which TPI's are not indicated. The request does not meet guideline criteria; therefore the request is not medically necessary.