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| <b>Case Number:</b>   | CM14-0199851 |                              |            |
| <b>Date Assigned:</b> | 12/10/2014   | <b>Date of Injury:</b>       | 04/09/2012 |
| <b>Decision Date:</b> | 03/04/2015   | <b>UR Denial Date:</b>       | 11/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 39 year old worker has an injury date of 04/09/2012. According to medical reports, the injured worker (IW) was lifting a car battery when she developed back pain with pain in both shoulders, both thumbs, and the right wrist. In a qualified medical examination (QME) of 10/09/2014, the IW had complaint of: 1. Bilateral shoulder pain that is worse with movement and over use and also occur with no activity. These shoulder symptoms are better with ice pads and Lidoderm patches. 2. Frequent moderate bilateral thumb and right wrist pain. Symptoms improve with use of hand splints. The symptoms occur without any activity. 3. Frequent moderate low and upper back pain that occurs with no activity. The IW is on no medications. The pain interferes with normal activities. On physical exam there was no swelling or bruising and no tenderness over the anterior posterior cervical spine. There were no muscle spasms over the trapezius and rhomboid muscles. Muscle strength and sensation was normal in the upper extremities. There was no general muscle weakness. The Neer, Hawkin's, supraspinatus and acromioclavicular joint cross body adduction tests were all negative. Phalen's Finkelstein's and Tinel's wrist/medial nerve tests were negative. There was restricted range of motion of the right wrist. Examination of the lumbar spine was normal with exception of decreased sensation to light touch and pinprick over the L5 and S1 dermatomes on the right. Straight leg raise test was positive at 45 degrees on the right. Foraminal compression test was positive on the right. There was no restricted range of motion. Diagnoses were: 1. Lumbar neuritis/radiculitis, 2. Rotator cuff syndrome, 3. Shoulder enthesopathy and 4. Depression. The IW was not working at the time of the examination on 09/29/2014. A request for 8 sessions of physical

therapy for the right shoulder (2x4), 4 trigger point injections for the lumbar spine and a urine toxicology screen was received by the Utilization Review (UR) agency on 11/12/2014. The original request for authorization (ROA) was not available for review. The utilization review physician advisor reviewed records dated 09/29/2014 through 11/18/2014 that included a qualified medical re-examination of 09/29/2014. On 11/19/2014 a UR letter was issued in which the physician advisor approved the urine toxicology screen and denied both the request for 8 sessions of physical therapy for the right shoulder (2x4) and the trigger point injections. The physical therapy request was denied due to lack of information regarding past treatments including physical therapy and the IW's responses to them in the intervening time of almost two years since the original injury. California Medical Treatment Utilization Schedule (CA-MTUS) Physical Medicine was cited for reference. The trigger point injections were denied due to no documented indications of myofascial pain and no discussion of attempts to mitigate the IW's symptoms with non-injection forms of treatment in the recent past. California Medical Treatment Utilization Schedule (CA-MTUS) Trigger point injections was cited. On 11/25/2014, an application for independent medical review was made for physical therapy twice a week for four weeks for the right shoulder, trigger point injections x4 for the lumbar spine, and the urine toxicology screen (which had already been approved) was also included.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 sessions of physical therapy for the right shoulder (2x4): 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.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with

substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). A peer review report dated September 12, 2014 did not authorize additional therapy 2x3 for right shoulder and upper back based on the fact that the patient should, by now, have transitioned to an independent active home rehabilitation program. The patient underwent several physical therapy sessions without documentation of clear benefit.

#### **4 trigger point injections for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** According to MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) 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. There is no clear evidence of myofascial pain and trigger points over the lumbar and sciatic notch. There is no documentation of failure of oral medications or physical therapy in this case.

