

Case Number:	CM14-0218054		
Date Assigned:	01/07/2015	Date of Injury:	02/11/2000
Decision Date:	07/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Family Practice

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 injured worker is a 64 year old male, who sustained an industrial injury on 2/11/00. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having chronic pain, degeneration of lumbar of lumbosacral intervertebral disc, and cervical degenerative disc disease. Treatment to date has included 2 neck surgeries, 2 shoulder surgeries, physical therapy, and medication. Currently, the injured worker complains of pain in the upper back, lower back, neck, and bilateral shoulders. The treating physician requested authorization for 12 physical therapy sessions for the cervical spine, 6 occupational therapy sessions to bilateral hands, and trigger point injections x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, the guidelines provide limits to the number of approved sessions. These guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the patient has already received 20 sessions of physical therapy for the cervical spine in 2014. In the Utilization Review process, the request for 12 additional physical therapy sessions was denied and modified to 10 additional sessions. The rationale for this approval was documented improvement from prior physical therapy sessions. This action is consistent with MTUS recommendations. Therefore, while 12 additional physical therapy sessions are not indicated, the action in the Utilization Review process to certify 10 additional physical therapy sessions is consistent with MTUS recommendations. The request for 12 physical therapy sessions is not medically necessary.

Occupational Therapy to the bilateral hands 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Hand Chapter.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. The physical therapy guidelines provide guidance for the number of sessions and recommendations towards a self-directed home exercise program. These guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has previously received 12 physical therapy sessions to both hands in 2014. There is insufficient documentation of the outcomes of this intervention. Further, it would be expected that the patient would be capable of engaging in a self-directed home exercise program. There is no documentation provided to indicate why the patient is unable to engage in a home exercise program. For these reasons, 6 sessions of occupational therapy to the bilateral hands is not considered as medically necessary.

Trigger Point Injections times 3: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of trigger point injections as a treatment modality. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: 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. In this case, there is insufficient documentation to support the use of trigger point injections. There is no evidence on examination of circumscribed trigger points. It is unclear whether the patient has had an adequate trial of the above-mentioned medical management therapies. The request for 3 injections is unclear whether there are three areas to inject or whether this represents repeat sessions. For these reasons, trigger point injections are not medically necessary.