

<b>Case Number:</b>	CM15-0100695		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 39-year-old male, who sustained an industrial injury on July 15, 2014. He reported a lower back injury when a customer fell on him. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain, degeneration of lumbar or lumbosacral intervertebral disc, and trochanteric bursitis. Treatment to date has included MRIs, 12 physiotherapy sessions, 6 acupuncture sessions, electromyography (EMG) /nerve conduction study (NCS), and medication. Currently, the injured worker complains of lower back pain radiated to his right lower extremity. The Treating Physician's report dated April 13, 2015, noted the injured worker reported having used multiple pain medications which had not helped him. Physical examination was noted to show positive pain on palpation of the paralumbar muscles in the lower back, with decreased sensation to light touch on the right side in the L4 distribution approximately 30% less on the right compared to the left. The treatment plan was noted to include requests for authorization for physiotherapy, and injections of Kenalog in the right greater trochanteric bursa/hip joint and to a trigger point area in his low back on the right side administered during the visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions and after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

**Retrospective: hip injection right greater trochanteric region Kenalog 10 mg under ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), trochanteric bursitis injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to re injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The rationale for hip injection with steroid is not at present supported for the injury. Therefore, the request is not medically necessary.

**Rerospective: right lower back injection Kenalog 10 mg under ultrasound guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to re injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. The rationale for injection with steroid is not at present supported for the injury. Therefore, the request is not medically necessary.