

<b>Case Number:</b>	CM15-0106045		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female with an industrial injury dated 03/11/2013. Her diagnosis was lumbar/sacral disc herniation of lumbar 4-5. The mechanism of injury is documented as a fall with injury to thoracic and lumbar spine. Prior treatments included medications, home exercise program, chiropractic treatment and diagnostics. She presents on 05/07/2015 for follow up examination of thoracic/lumbar spine. She indicated no changes since the last office visit. She rated her pain as 8 on a scale of 1-10. She had a consultation the prior day, which determined she was not a candidate for surgical intervention. Physical exam noted loss of strength and motion of the lumbar spine. MRI of the lumbar spine dated 04/24/2014 showed 3 mm disc protrusion at lumbar 4-5 and 3 mm disc protrusion at lumbar 5-sacral 1. The treatment plan included physical therapy, ultrasound guided trigger point injection to the lumbar spine, pain medication and anti-inflammatory medication. The request is for physical therapy 3 times a week for 4 weeks and ultrasound guided trigger point injection to the lumbar spine (DOS 05/07/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury and continues to be treated for low back pain. When seen, pain was rated at 8/10. There had been no interim changes since the last visit. Physical examination findings documented were loss of lumbar range of motion and strength. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

**Ultrasound guided trigger point injection to the lumbar spine (DOS 5/7/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122.

**Decision rationale:** The claimant sustained a work-related injury and continues to be treated for low back pain. When seen, pain was rated at 8/10. There had been no interim changes since the last visit. Physical examination findings documented were loss of lumbar range of motion and strength. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.