

Case Number:	CM15-0108837		
Date Assigned:	06/15/2015	Date of Injury:	10/14/2008
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, 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:

This 51-year-old male sustained an industrial injury to the low back on 10/14/08. Previous treatment included magnetic resonance imaging, physical therapy, home exercise and medications. In a PR-2 dated 5/5/15, the injured worker complained of left sided low back pain rated 6/10 on the visual analog scale. The injured worker could walk a half block, sit for one hour and stand for one and a half hours. The injured worker was requesting pain medication refills. Physical exam was remarkable for lumbar spine with decreased and painful range of motion and tenderness to palpation with paraspinal musculature spasms and positive twitch response. Current diagnoses included lumbar spine degenerative disc disease with radiculitis and right hip pain. The treatment plan included refilling medications (Roxicodone and Soma), continuing home exercise, continuing ice, awaiting authorization for physical therapy and requesting trigger point injections for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasonic guidance, per 05/15/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182370> Anesthesiol Res Pract. 2012: 492452
Published online 2011 Sep 29. doi: 10.1155/2012/492452 PMCID: PMC3182370A New Look at
Trigger Point Injections Clara S, M. Wong and Steven H. S. Wong Abstract.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, trigger point injections are not routinely performed under ultrasound guidance and its request was not justified. The trigger point injections are not recommended and the ultrasound guidance is not medically necessary.

Physical therapy, 2-3 times a week, lumbar spine, per 05/06/15 order Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had completed an unknown amount of therapy in the past. Response to treatment and progress notes for therapy were not provided. There was no mention of inability to perform exercises at home and the request for additional PT is not medically necessary.