

Case Number:	CM15-0132186		
Date Assigned:	07/20/2015	Date of Injury:	11/23/1995
Decision Date:	08/26/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic neck, mid back, shoulder, knee, and ankle pain reportedly associated with an industrial injury of November 23, 1995. On June 9, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and an ultrasound-guided trigger point injection to the SI joint. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of shoulder and elbow pain. The applicant was given an ultrasound-guided trigger point injection. Ambien, Soma, and Percocet were endorsed. The applicant's work status was not detailed. Urine drug testing was endorsed. Multifocal complaints of hip, shoulder, and elbow pain were reported throughout the report. On May 15, 2015, the applicant again received trigger point injections while Neurontin, Lidoderm, Ambien, tramadol, Norco, and Motrin were prescribed and/or renewed. The applicant was given various diagnoses including widespread bodily pain, fibromyalgia, ankle pain, knee pain status post total knee arthroplasty, low back pain, neck pain, and depression, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On April 3, 2015, the applicant again received multiple trigger point injections in the office while Neurontin, Lidoderm, Ambien, tramadol, Norco, and Motrin were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 for The Left Shoulder, Bilateral Knees and Lumbar Spine: 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; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is, moreover, further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, permanent work restrictions were renewed, unchanged, from visit to visit, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on various forms of medical treatment to include Neurontin, Lidoderm patches, Ambien, tramadol, Norco, Motrin, trigger point injections, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear goals for further physical therapy, going forward, were not formulated in the face of the applicant's having plateaued with earlier therapy. Therefore, the request was not medically necessary.

Ultrasound Guided Trigger Point Injection to The Left Sacroiliac Joint: 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: Similarly, the request for ultrasound-guided trigger point injections was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat trigger point injection. The applicant had received what appeared to be monthly trigger point injections on multiple office visits, referenced above, interspersed throughout early and mid 2015. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines posits that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, permanent work restrictions were renewed, unchanged, from visit to visit, despite receipt of multiple trigger point injections over the course of the claim, including several injections in early 2015 alone. Receipt of earlier trigger point injections failed to curtail

the applicant's dependence on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple trigger point injections. Therefore, the request was not medically necessary.