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| <b>Case Number:</b>   | CM15-0161090 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 11/29/1979 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 08/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 76-year-old male, who sustained an industrial injury on 11-29-1979. Diagnoses have included thoracic spinal stenosis. Treatment to date has included surgery, physical therapy and medication. According to the evaluation dated 7-9-2015, the injured worker complained of neck pain and trapezius pain. Current medications included Norco, Skelaxin and Gabapentin. Neurologic exam revealed full strength in both upper extremities. He had significant myofascial pain with trigger points noted over the left trapezius and scapular regions. There was limited range of motion of the cervical spine. Authorization was requested for 8 sessions of physical therapy for the thoracic spine and trigger point injections for the left trapezius and cervical region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for the thoracic spine:** Overturned

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

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

**Decision rationale:** MTUS Guidelines recommends fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines also state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. On 09/02/14, the patient underwent a posterior re-exploration of T1-L1 spinal fusion, removal of T1-L1 spinal instrumentation, and posterior thoracic wound revision with advancement of myofascial bilateral wound flaps. He is diagnosed with thoracic spinal stenosis and has had 24 sessions of physical therapy in the six months following his surgery. The 01/12/15 report states that he has undergone physical therapy, which he feels is helping substantially with regard to his thoracic spine. The patient is now out of the post-op time frame; therefore, MTUS pages 98-99 were referred to. The requested 8 sessions of therapy is within guidelines and appears reasonable, given that he has improved from prior physical therapy. The request is medically necessary.

**Trigger point injections to the left trapezius and cervical region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Trigger Points Injection.

**Decision rationale:** The MTUS Guidelines, under Trigger point injections, page 122 states that 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. ODG Guidelines, Neck and Upper Back Chapter, under Trigger Points Injection, states the following: Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia. The patient has significant myofascial pain with trigger points noted over the left trapezius and scapular regions and a limited range of motion of the cervical spine. He is diagnosed with thoracic spinal stenosis. Treatment to

date has included surgery, physical therapy and medication. In this case, the levels for the requested trigger point injection are not indicated. Review of the reports provided does not indicate if the patient had any prior trigger point injections. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. The request does not meet guideline criteria. The requested trigger point injection is not medically reasonable.