

Case Number:	CM15-0180698		
Date Assigned:	09/22/2015	Date of Injury:	10/07/2014
Decision Date:	11/18/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York
 Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 10-7-14. The injured worker is undergoing treatment for lumbago, thoracalgia, cervicalgia, lumbar disc displacement, muscle weakness and neuralgia. Medical records dated 8-5-15 indicate the injured worker complains of neck and low back pain. He reports, no neck pain at time of visit but he does report headaches and "constant severe pain in the area of the lumbar spine." Physical exam dated 8-5-15 notes cervical and lumbar decreased range of motion (ROM), thoracic and lumbar tenderness to palpation, cervical, thoracic and lumbar trigger points, positive Kemp's test, straight leg raise is positive. Agreed medical examination dated 4-1-15 indicates an X-ray revealed lumbar spondylolisthesis. Treatment to date has included chiropractic treatment and medication. The original utilization review dated 8-20-15 indicates the request for lumbar sacral orthosis (LSO) back brace is certified and adjustment 3X12, therapy 3x12 is modified to 6 adjustments to include therapies, X-rays x1 is modified to X-rays X1 lumbar spine only and trigger point injection 1-2 weekly x4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adjustment 3x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it's caused by musculoskeletal conditions. "The intended goal or effect of manual medicine is the achievement of positive symptomatic gains or objective measurable gains in functional improvement." The treatment parameters from the state guidelines include: time to produce effect is 4 to 6 treatments; the frequency is 1 to 2 times a week for the first 2 weeks, depending on the severity of the condition; treatment may continue at 1 treatment a week for the next 6 weeks; and the maximum duration is 8 weeks, and at week 8, the patients should be re-evaluated. The request far exceeds guideline recommendations. Therefore, the requested treatment: Adjustment 3x12 is not medically necessary.

Therapy 3x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it's caused by musculoskeletal conditions. "The intended goal or effect of manual medicine is the achievement of positive symptomatic gains or objective measurable gains in functional improvement." The treatment parameters from the state guidelines include: time to produce effect is 4 to 6 treatments; the frequency is 1 to 2 times a week for the first 2 weeks, depending on the severity of the condition; treatment may continue at 1 treatment a week for the next 6 weeks; and the maximum duration is 8 weeks, and at week 8, the patients should be re-evaluated. The request far exceeds guideline recommendations. Therefore, the requested treatment: Therapy 3x12 is not medically necessary.

TPI Injections 1-2 weekly x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: This Requested Treatment is evaluated in light of the MTUS recommendations for Trigger point injections. As per California MTUS Chronic Pain Medical Treatment guidelines Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is not recommended for radicular

pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Criteria for the use of Trigger point injections: 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. Medical Records of the injured worker are not clear about the trigger points as defined in these Guidelines. The requested treatment: TPI Injections 1-2 weekly x 4 weeks is not medically necessary.

X-Rays x1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter -- Radiography (x-rays).

Decision rationale: MTUS/ACOEM Guidelines state X-ray of Lumbar spine is not recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. As per ODG criteria for imaging -- Plain X-rays: Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70. Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset- Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion from the submitted Medical Records it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on guidelines cited, the request for X-ray Lumbar spine is not medically necessary and appropriate.