

<b>Case Number:</b>	CM15-0181896		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 20, 2015. In a Utilization Review report dated September 13, 2015, the claims administrator failed to approve requests for trigger point injections and additional physical therapy to the lumbar spine to include myofascial release therapy. A September 10, 2015 RFA form and an associated September 9, 2015 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant was declared permanent and stationary. The applicant was using Motrin for pain relief. The applicant had apparently returned to work without restrictions, it was reported. The applicant was given a 7% Whole Person Impairment rating. Ibuprofen was reportedly the applicant's sole medication as of this point, it was suggested. On April 10, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg. Weakness about the right leg was reported. Lumbar MRI imaging was sought to evaluate for suspected L5-S1 herniated disk. On July 1, 2015, 8 sessions of physical therapy were endorsed. The stated diagnosis was lumbar radiculopathy. The applicant did receive physical therapy at various points in July 2015, suggested via handwritten physical therapy progress notes of various dates, including July 10, 2015. On June 1, 2015, the applicant was again described as having ongoing complaints of low back pain with right leg radicular pain complaints. The applicant was given a rather proscriptive 10-pound lifting limitation in place. The applicant was asked to pursue 8 sessions of physical therapy. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place. The claimant's medical evidence log suggested that the most recent note on file was a physical therapy progress note dated August 11, 2015; thus, the September 9, 2015 office visit which the claims administrator seemingly based its decision upon was not incorporated into the IMR packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trigger point injections to the lumbar spine QTY: 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic.

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

**Decision rationale:** No, the request for 4 trigger point injections to the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines are "not recommended" in the radicular pain context seemingly present here. The applicant was described on multiple office visits, referenced above, as having ongoing complaints of low back pain radiating into the right leg. On April 10, 2015, lumbar MRI imaging was sought to evaluate a suspected L5-S1 disk herniation. The attending provider stated on June 1, 2015 that he had given the applicant a Medrol Dosepak for residual radicular pain complaints and that he was still considering an epidural steroid injection as of that point in time. Lumbar radiculopathy was seemingly listed as one of the stated suspected diagnoses on a physical therapy order form of July 1, 2015. While it is acknowledged that the September 9, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file strongly suggested that the applicant had ongoing right lower extremity radicular pain complaints which effectively argued against the need for the trigger point injections in question. Therefore, the request was not medically necessary.

### **Additional physical therapy with myofascial release to the lumbar spine QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Similarly, the request for 8 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The applicant had seemingly had

prior treatment in late 2015 alone (at least 18 sessions), seemingly in-line with the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Here, it was not clearly stated or clearly established why the applicant could not transition to self-directed, home-based physical medicine and/or return to regular work without the lengthy formal course of physical therapy at issue. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods, which "clearly state treatment goals." Here, however, the September 9, 2015 office visit and September 10, 2015 RFA form which the claims administrator based its decision upon were not seemingly incorporated into the IMR packet. By definition, clear treatment goals were not furnished. Therefore, the request was not medically necessary.