

Case Number:	CM15-0206322		
Date Assigned:	10/23/2015	Date of Injury:	08/17/2010
Decision Date:	12/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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 51-year-old male who sustained an industrial injury on 8-17-2010 and has been treated for neck and left shoulder pain, lumbar sacral sprain, and radiculitis. On 8-13-2015 the injured worker reported upper back pain radiating into the left shoulder and upper right extremity, and low back pain. The physician noted lumbar and left shoulder tenderness, and muscle spasm. There was no documentation of trigger points, characterization or level of pain, or impact on activities of daily living. Documented treatment includes home exercise and medication. The treating physician's plan of care includes 8 chiropractic treatments to be done in that office, and 2 trigger point injections performed in office. This was non-certified on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine, 2x a week for 4 weeks (done in office): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with neck pain, shoulder pain traveling from the back of shoulder down to the left elbow. The treater has asked for chiropractic therapy for the lumbar spine, 2x a week for 4 weeks (done in office) on 7/30/15. The patient's diagnosis per request for authorization dated 8/26/15 is l/s radiculitis. The patient states that neck and lower right side of back is painful but is able to continue working with medicine and injections per 5/12/15 report. Extending his neck/shoulder too far gives him cramps per 5/4/15 report. The patient is currently taking Norco as of 5/12/15 report. The patient is currently on work restrictions as of 5/12/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Per 7/30/15 report, the patient presents with neck pain and shoulder pain. Utilization review letter dated 9/22/15 denies request due to lack of documentation that prior chiropractic treatments have been effective and also a lack of recent flare-ups. As the patient has not had prior chiropractic treatments per review of reports dated 1/22/15 to 7/30/15, it appears that this is an initiating request for chiropractic care. While a trial of 6 visits would be indicated, the current request for 8 initial chiropractic sessions would exceed what is recommended by MTUS guidelines. Therefore, the request is not medically necessary.

Trigger point injection to lumbar spine x2 (done in office): Upheld

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

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

Decision rationale: Based on the 7/30/15 progress report provided by the treating physician, this patient presents with neck pain, shoulder pain traveling from the back of shoulder down to the left elbow. The treater has asked for trigger point injection to lumbar spine x2 (done in office) on 7/30/15. The patient's diagnosis per request for authorization dated 8/26/15 is l/s radiculitis. The patient states that neck and lower right side of back is painful but is able to continue working with medicine and injections per 5/12/15 report. Extending his neck/shoulder too far gives him cramps per 5/4/15 report. The patient is currently taking Norco as of 5/12/15 report. The patient is currently on work restrictions as of 5/12/15 report. MTUS Guidelines, Trigger Point Injections section, page 122 states: "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." Review of the reports dated 1/22/15 to 7/30/15 do not show any evidence of prior trigger point injections. The patient has a diagnosis of lumbar radiculitis with a positive straight leg raise. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Although the treater documents tenderness to palpation to lumbar spine and a "well-circumscribed area of tenderness to palpation/spasms of the left side" per 7/30/15 report, there is no diagnosis of myofascial pain. Additionally, the patient presents with radicular symptoms for which trigger point injections are not indicated. Without appropriate documentation of the criteria for trigger point injections, the request cannot be supported. Therefore, the request is not medically necessary.