

Case Number:	CM15-0025775		
Date Assigned:	02/18/2015	Date of Injury:	05/18/2006
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 05/18/2006. He has reported low back pain and neck pain. The diagnoses have included lumbar post laminectomy syndrome; and cervical and lumbar herniated nucleus pulposus. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Terocin patches and compounded creams. Currently, the injured worker complains of cervical neck pain and lumbar spine pain. A supplemental report from the treating physician, dated 09/04/2014, noted that the injured worker's neck pain radiates to both upper extremities; the lower back pain radiates to both lower extremities; has undergone surgery for anterior cervical decompression and fusion from C3-C6; and has evidence of intervertebral disc disorder in the lumbar spine with lumbar radiculopathy. Request is being made for trigger point injection for the cervical spine and lumbar spine; psychiatric consultation; and physical therapy for the lumbar spine and cervical spine. On 02/04/2015 Utilization Review noncertified a prescription for Trigger point injection x 6 for cervical spine and lumbar spine; Physical therapy 2 x 4 for lumbar spine and cervical spine; and Psych consultation x 1. The CA MTUS was cited. On 02/11/2015, the injured worker submitted an application for a prescription for Trigger point injection x 6 for cervical spine and lumbar spine; Physical therapy 2 x 4 for lumbar spine and cervical spine; and Psych consultation x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 6 for cervical spine and lumbar spine: 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): 156.

Decision rationale: MTUS guidelines state regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. Not recommended for radicular pain. 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. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) F or fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)""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.(Colorado, 2002) (BlueCross BlueShield, 2004)"Regarding this patient's case, the documentation that has been provided is extremely limited. There is no documentation of circumscribed trigger points on physical exam. It is not known if this patient's symptoms have persisted for more than 3 months. It is not known if medical management therapies have failed. Additional medical records need to be provided. Likewise, this request for trigger point injections is not considered medically necessary.

Physical therapy 2 x 4 for lumbar spine and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133. Page(s): Physical Medicine, page(s) 132-133..

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional eight (2x4) sessions. The medical records that have been provided in this case are extremely limited. Why additional physical therapy is now being requested is not evident from the documentation. What the patient's prior response to physical therapy was is also not stated. Likewise, this request is not medically necessary.

Psych consultation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, the rationale for why a psychiatry consultation is being requested is not evident from the limited medical records that have provided. Utilization review denied this request on the exact same grounds. Likewise, the medical necessity of this request can not be established at this time.