

<b>Case Number:</b>	CM15-0222675		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	07/30/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Indiana, 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 was a 46 year old female, who sustained an industrial injury on July 30, 2015. The injured worker was undergoing treatment for cervical strain, thoracic strain, lumbar strain, ligament and muscle strain and spasms and trigger points of the cervical, thoracic and lumbar spine. According to progress note of October 20, 2015, the injured worker's chief complaint was sharp aching pain in the cervical, thoracic, and lumbar spine. The injured worker reported the base line pain of 6 to 7 out of 10. Time, rest and medication alleviated the pain. Activities at home and work aggravated the pain. The injured worker did not report any numbness, tingling or burning sensation with increased pain throughout the week. The injured worker continued to work with pain and discomfort. The physical exam noted numbness. The physical exam of the cervical spine noted tenderness with palpation over the cervical paraspinals. There were noted 6 trigger points noted in the cervical spine. There was limited range of motion of the cervical spine, limited by pain. The thoracic spine posture was well preserved. There was tenderness over the thoracic paraspinals. There were 6 trigger points noted in the thoracic spine. There was limited range of motion of the thoracic spine, due to pain. The lumbar spine had tenderness over the paraspinals. There were 6 trigger points noted of the lumbar spine. There was limited range of motion, due to pain. The sensory exam was intact. The motor exam was 5 out of 5 on all muscle groups tested. The injured worker had a normal gait. Heel and toe ambulation caused no increase in pain. According to the chiropractic evaluation on August 4, 2015 the injured worker's spine extension was 30 out of 30; right lateral flexion of 45 out of 45 degrees and the left was 40 out of 45 degrees. The right rotation was 30 out of 230 and the left was 20 out of 30. There was no weakness in the lower extremities. The

deep tendon reflexes were normal. The sensory exam was without abnormalities. On August 14, after 6 chiropractic sessions there was an increase in endurance. There was documentation noted the injured failed treatment outcome. The injured worker previously received the following treatments Toradol injection to alleviate the pain on October 20, 2015, physical therapy, 6 sessions of chiropractic services, lumbar spine MRI which showed straightening of the lumbar spine, which was positional or related to spasms; Cervical spine MRI which showed straightening of the cervical spine, which may be positional or related to spasms, 2mm broad based disc bulge at the C6-C7, causing mild effacement of the anterior thecal sac; thoracic spine MRI which was negative; showed oral analgesics, steroids and relaxants and activity modification. The RFA (request for authorization) dated October 20, 2015; the following treatments were requested a home TENS (transcutaneous electrical nerve stimulator) unit (cypress care), 9 chiropractic treatments including an evaluation, manipulation, for the cervical, thoracic and lumbar spine and 6 trigger point injections to the bilateral quadratus lumborum, lumbar rhomboid and lumbar paraspinal muscles. The UR (utilization review board) denied certification on October 30, 2015; for a home TENS, chiropractic treatments including an evaluation, manipulation, for the cervical, thoracic and lumbar spine and 6 trigger point injections to the bilateral quadratus lumborum, lumbar rhomboid and lumbar paraspinal muscles.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. ██████████ considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical, thoracic and lumbar strain; ligament and muscle strain and spasm; trigger points in the cervical, thoracic and lumbar spine. Date of injury

is July 30, 2015. Request for authorization is October 23, 2015. The documentation indicates the injured worker received six chiropractic treatments ranging from August 4, 2015 to August 14, 2015. According to the chiropractic progress note dated August 14, 2015 (chiropractic visit six out of six), the injured worker failed chiropractic treatment. No additional chiropractic treatment can be justified nor should any be authorized. According to an October 20, 2015 pain management evaluation, subjective complaints or cervical, thoracic and lumbar pain. Pain score is 7/10. Objectively, there is cervical, thoracic and lumbar spine tenderness with 6 trigger points in the cervical, thoracic and lumbar region. There was associated decreased range of motion. There is no documentation of upon palpation of a twitch response. There is no documentation of a 30 day/one month TENS trial. There was no documentation indicating the anatomical region for TENS application. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation of a one month clinical trial, home TENS unit is not medically necessary.

**9 chiropractic treatments including evaluation and manipulation for the cervical, thoracic, and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 9 chiropractic treatments including evaluation and manipulation for the cervical, thoracic and lumbar spine are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical, thoracic and lumbar strain; ligament and muscle strain and spasm; trigger points in the cervical, thoracic and lumbar spine. Date of injury is July 30, 2015. Request for authorization is October 23, 2015. The documentation indicates the injured worker received six chiropractic treatments ranging from August 4, 2015 to August 14, 2015. According to the chiropractic progress note dated August 14, 2015 (chiropractic visit six out of six), the injured worker failed chiropractic treatment. No additional chiropractic treatment can be justified nor should any be authorized. According to an October 20, 2015 pain management evaluation, subjective complaints or cervical, thoracic and lumbar pain. Pain score is 7/10. Objectively, there is cervical, thoracic and lumbar spine tenderness with 6 trigger points in the cervical, thoracic and lumbar region. There was associated decreased range of motion. There is no documentation of upon palpation of a twitch response. As noted above, the documentation is very clear: The injured worker failed chiropractic treatment. No additional

chiropractic treatment can be justified nor should any be authorized. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and failed chiropractic treatment, 9 chiropractic treatments including evaluation and manipulation for the cervical, thoracic and lumbar spine are not medically necessary.

**6 trigger point injections to the bilateral quadratus lumborum, lumbar rhomboid and lumbar paraspinal muscles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic: Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six trigger point injections to the bilateral quadratus lumborum, lumbar rhomboids and left paraspinal muscles are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections 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; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical, thoracic and lumbar strain; ligament and muscle strain and spasm; trigger points in the cervical, thoracic and lumbar spine. Date of injury is July 30, 2015. Request for authorization is October 23, 2015. The documentation indicates the injured worker received six chiropractic treatments ranging from August 4, 2015 to August 14, 2015. According to the chiropractic progress note dated August 14, 2015 (chiropractic visit six out of six), the injured worker failed chiropractic treatment. No additional chiropractic treatment can be justified nor should any be authorized. According to an October 20, 2015 pain management evaluation, subjective complaints of cervical, thoracic and lumbar pain. Pain score is 7/10. Objectively, there is cervical, thoracic and lumbar spine tenderness with 6 trigger points in the cervical, thoracic and lumbar region. There was associated decreased range of motion. There is no documentation of upon palpation of a twitch response. Documentation indicates the treating provider is requesting six trigger point injections. The guidelines recommend 3-4 trigger point injections per session. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a request for an excessive number of trigger point injections (#6) guideline recommendations for 3-4 and no documentation of a twitch response upon palpation, six trigger point injections to the bilateral quadratus lumborum, lumbar rhomboids and left paraspinal muscles are not medically necessary.