

Case Number:	CM15-0223115		
Date Assigned:	11/19/2015	Date of Injury:	02/16/2007
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	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: New Jersey
 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 62 year old male with an industrial injury dated 02-16-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, cervical spinal cord syrinx, carpal tunnel syndrome, possible thoracic spinal cord syrinx extending into the upper lumbar region, cervical degenerative disc disease with bilateral foraminal stenosis, lumbar degenerative disc disease with stenosis, right shoulder sprain, postoperative cervical left upper extremity radiculopathy with shoulder sprain, postoperative myelopathy, cerebral tonsillar inferior protrusion-herniation, spinal myelopathy with ataxia and imbalance and low testosterone from chronic opiate. According to the progress note dated 10-05-2015, the injured worker presented for follow up for upper back, neck, low back and shoulder injury. The injured worker reported progressive weakness in bilateral legs, increasing back pain and spasms. Pain level was not documented in report (10-05-2015). Objective findings (10-05-2015) revealed tenderness of right upper back, neck and bilateral lower lumbar with twitch response. Stiffness with neck range of motion and bilateral lower extremities atrophy were also noted on exam. Treatment has included diagnostic studies, posterior lumbar decompression on 1-24-2012, multiple prescribed medications including Zyrtec since at least June of 2015, Botox injections, spinal injections, Ketorolac trigger point injections, unknown total number of physical therapy sessions, and periodic follow up visits. The treating physician noted 50% improvement with Ketorolac trigger point injections and that it helped to reduce opiate use and helped with ambulation. The injured worker is off work and is retired. The utilization review dated 10-22-2015, non-certified the request for Zyrtec, trigger point injections and Physical therapy x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyrtec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, cetirizine: (<http://reference.medscape.com/drug/zyrtec-cetirizine-343384>).

Decision rationale: The MTUS does not discuss Zyrtec. Zyrtec is a second-generation anti-histamine, approved for seasonal allergies and urticaria. Dosing ranges between 5 mg and 10 mg per day. In the case of this worker, there was no found connection with this medication and the stated injury. The notes stated this medication was used as needed for allergies. Without a connection to the injury in some way, this medication is not medically necessary.

Trigger point injections: Overturned

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: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, trigger points were identified and documented as having a twitch response. Also, the ingredients of the injection were documented in the notes (lidocaine, marcaine, ketorolac) which is an appropriate formulation. Therefore, it appears that this request for trigger point injections is appropriate and medically necessary at this point, considering previous injections were helpful.

Physical therapy x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The report of the Commission of Health and Safety and Workers' Compensation (CHSWC) Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis-like pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case had the injury years prior to this request with history of previously completed physical therapy, although details about these sessions were not included in the notes provided for review. The notes stated that this request was for pool therapy, which was helpful in the past (not quantified or specific). There was no stated inability to perform home exercises on land which would help to support this request. Therefore, without more supportive information for this request, and is not medically necessary.