MAXIMUS Federal Services

Case Number:	CM15-0032720		
Date Assigned:	02/26/2015	Date of Injury:	05/03/2007
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Georgia, California, Texas
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:

This 45-year-old woman sustained an industrial injury on 5/3/2007 to the right hip and back. The mechanism of injury is not detailed. Current diagnoses include lumbar radiculopathy and chronic pain. Treatment has included oral medications, medial branch blocks, trigger point injections, right trochanteric bursa injection, over 100 sessions of chiropractic treatment, and physical therapy. Physician notes dated 2/9/2015 show complaints of low back pain with right leg pain, numbness and tingling. Recommendations include an updated lumbar spine MRI and continuing treatment with pain management. On 2/6/2015, Utilization Review evaluated prescriptions for 16 sessions of physical therapy for the lumbar spine and six trigger point injections in the right paraspinals, which was submitted on 2/12/2015. The UR physician noted that the worker had requested physical therapy during a flare up of pain and only a few sessions are required to transition the worker to a home exercise program. Further, trigger point injections are not recommended if the worker does not experience greater than 50% pain relief for six weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for physical therapy was modified and trigger point injections were denied. Both were subsequently submitted to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x8 for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: MTUS would support up to 10 physical therapy visits for this condition. No exceptional factors are documented which would support a course of additional therapy exceeding the guideline. Medical necessity is not established for the requested 16 additional physical therapy sessions.

TPI 20553 X6 in the Right Lumbar Paraspinals DOS 12/29/15: 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): 122 of 127.

Decision rationale: MTUS requires at least 50% pain relief obtained for at least six weeks after injection as a prerequisite for repeat trigger point injections (TPIs), with evidence of functional improvement. Based upon the submitted documentation, claimant received an unspecified amount of relief for about 3 weeks following the most recent documented set of TPIs in December 2014. Functional improvement with TPIs is not documented. In addition, MTUS recommends no more than 3-4 injections per session, while the current request is for 6 TPIs for the right lumbar paraspinals. Medical necessity is not established for this request per MTUS due to inadequate response to the most recent TPIs and excessive number of requested injections.