

Case Number:	CM15-0037889		
Date Assigned:	03/06/2015	Date of Injury:	06/21/2013
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	02/27/2015

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 25 year old female with an industrial injury dated 06/21/2013 resulting in an injury to the left knee. Diagnoses include cervical myofascial strain, lumbar myofascial strain, lumbar radiculitis, cervicgia, and lumbago. Diagnostic testing has included MRI of the lumbar spine (12/17/2013), electrodiagnostic study of the lower extremities (03/20/2014), MRI of the left ankle (09/25/2014), and multiple x-rays. Previous treatments have included conservative measures, medications, left ankle surgery (12/2007) with removal of hardware (10/24/2014), injection to the left ankle, epidural steroid injections to the lumbar spine, acupuncture, chiropractic therapy, and physical therapy. In a progress note dated 02/03/2015, reports constant stabbing low back pain with the left side worse than the right. The objective examination revealed tenderness to palpation in the left trapezius and lumbar paraspinals, and limited range of motion in the lumbar spine. The treating physician is requesting trigger point injections and physical therapy for the cervical and lumbar spines which were denied and modified by the utilization review. On 02/27/2015, Utilization Review non-certified a request for trigger point injections (x3) in the left trapezius and (x3) in the left levator scapulae, noting that the MTUS guidelines were used. On 02/27/2015, Utilization Review also modified a request for physical therapy for the cervical and lumbar spines (2x8) to the approval of physical therapy for the cervical and lumbar spines (2x3), noting that the MTUS guidelines were used. On 02/27/2015, the injured worker submitted an application for IMR for review of physical therapy for the cervical and lumbar spines (2x8), and trigger point injections (x3) in the left trapezius and (x3) in the left levator scapulae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 3 in the left trapezius and x 3 in the left levator scapulae,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This patient presents with low back and neck pain. The Request for Authorization is dated 01/05/15. The current request is for TRIGGER POINT INJECTIONS X 3 IN THE LEFT LEVATOR SCAPULAE. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger-point injections, Recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the patient is a candidate for a trigger point injection given the taut bands found on examination. However, prior to authorization the treating physician administered 3 injections into the levator scapulae on 1/05/15. Per MTUS, one injection is to be tried and repeat injections may be warranted when there is documentation of greater than 50% pain relief that is sustained for 6 weeks or more. The requested 3 injections ARE NOT medically necessary.

Physical therapy 2x8 for the cervical and lumbar spine: Upheld

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

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

Decision rationale: This patient presents with low back and neck pain. The Request for Authorization is dated 01/05/15. The current request is for PHYSICAL THERAPY 2X8 FOR THE CERVICAL AND LUMBAR SPINE. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The Utilization review states that the patient treatment history includes 17 physical therapy sessions in 2013. In this case, there is no report of

new injury, new diagnoses, recent surgery or new examination findings to substantiate the current request. Furthermore, the requested 16 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.