

<b>Case Number:</b>	CM14-0123787		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/06/1994
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a case of a 61 year old female Psychiatric Technician with a date of injury on 8/6/1994 due to repetitive lifting of patients. She suffered a low back injury and subsequently underwent anterior and posterior fusions of L4-L5 and L5-S1. She is also status post multiple surgical wound infections. She has undergone multiple modalities of treatment including physical therapy, analgesic medications, antidepressants, anti-inflammatory medication, cognitive behavioral therapy and epidural injections. She suffers chronic low back pain and depression with difficulty sleeping. On a recent examination by [REDACTED] on 7/9/2014, the patient reports that the pain in her back has increased due to the denial of Ambien, and has needed to use Norco 10/325 mg 4 tabs a day, Flexeril 10 mg three times a day. She also reported that physical therapy in a pool has reduced the severity of her pain and that Viibryd has stabilized her mood affected by her chronic pain. Activities of daily living remain limited due to the severity of her pain. On gait examination, the patient used a cane for balance and not for weight bearing. Gait exhibited equal and symmetrical weight bearing, and cadence was normal with normal progression. Speed was normal, and stance was wide based. The patient experienced pain to palpation of the thoraco-lumbar junction bilaterally, lumbosacral junction bilaterally, sacroiliac joint bilaterally, piriformis muscle bilaterally and on the right side of the posterior iliac crest, anterior psoas tendon, and iliotibial band. On most recent exam on 8/6/2014 by [REDACTED], the patient reports that sleep has improved with Xartemis which helps her severe pain by about 50%. Flexeril has improved her muscle spasms by about 50% which has improved her ability to perform her activities of daily living. It is reported that cognitive behavioral training has been significantly beneficial in assisting her to execute her goals despite her chronic pain. She continues to perform core-strengthening exercises and walks daily to tolerance. On physical exam, she was upset, but not crying, and gait was antalgic but movement

was reasonable. Lumbar spine range of motion was significantly limited by muscle spasm. Backward extension aggravated pain complaints in the lumbar sacral spine. Pressure over the bilateral lumbar facets aggravated pain complaints. At that time it was recommended that she continue her medications as prescribed and be reevaluated in 4 weeks.

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

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

**Cognitive behavioral therapy, QTY: 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 23.

**Decision rationale:** Based on MTUS guidelines, cognitive behavioral therapy (CBT) for chronic pain is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. Then, with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks are recommended. Specifically, in this case, the patient has started CBT and has shown benefit. However, the request for 12 sessions of CBT is beyond the recommended number of visits. Therefore, based on MTUS guidelines and the evidence in this case, the request for Cognitive Behavioral Therapy, 12 sessions, is not medically necessary.

**Retrospective request for trigger point injections, QTY: 4, for the service date of 07/16/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 122.

**Decision rationale:** Based on MTUS guidelines, trigger point injections are recommended only for myofascial pain syndrome and is 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 response to stimulus to the band. 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 more than 3 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; (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 other than local anesthetic with or without steroid are not recommended. In the case, the patients symptoms have persisted for more than 3 months, and medical management has failed to control her pain. However, in this case, there was no documented twitch response upon palpation of the patients muscles. Therefore, based on MTUS guidelines, and the evidence in this case, the retrospective request for trigger point injections, quantity 4, is not medically necessary.