

Case Number:	CM14-0127424		
Date Assigned:	08/15/2014	Date of Injury:	01/28/2013
Decision Date:	09/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopaedic Surgery 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 46-year-old male probation officer sustained an industrial injury on 1/28/13. The mechanism of injury was not documented. Past medical history was positive for hypertension, diabetes, obesity (body mass index 32.9), and gastro esophageal reflux disease. The patient underwent anterior and posterior spinal decompression and fusion at L5/S1 on 1/27/14. The 5/7/14 lumbar spine MRI documented anatomic alignment following the L5/S1 right hemilaminectomy and anterior lumbar interbody fusion with no hardware complication. There was a residual broad-based disc protrusion at L5/S1 abutting both of the proximal S1 nerve root sleeves. There was deflection of the far lateral segment of the right L5 nerve from disc bulging and bone spurring. The 6/24/14 treating physician report cited a recent flare-up of lower back pain and increased right lower extremity numbness and tingling not relieved by current medications. Physical exam documented lumbar paraspinal tenderness and spasms. Thoracolumbar range of motion was within functional limits. Straight leg raise was positive on the right. Lower extremity motor and sensory exams were normal. Deep tendon reflexes were symmetrical and decreased over the Achilles. X-rays documented sufficient healing to allow for aquatic physical therapy to begin. There were two separate areas in the lumbar paraspinal musculature that were noted with spasms and taut tender fibers. Trigger point injections were provided to those areas. The 7/17/14 utilization review denied the request for lumbar trigger point injections and aqua therapy as guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; www.odg-twc.com; Section: Low back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS recommends trigger point injections only for myofascial pain syndrome when specific criteria are met. Guidelines do not recommend trigger point injections for typical back or neck pain. Specific criteria includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, persistent symptoms for more than 3 months, and failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain. Guideline criteria have not been met. There is no documentation that symptoms had persisted for more than 3 months or that medication management had failed to resolve the reported tenderness and spasms. There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, this request is not medically necessary.

Aqua therapy times eight (8) visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; www.odg-twc.com; Section: Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 24, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines apply to this case as the patient was within the 6-month post-surgical treatment period at the time of this request. MTUS Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or up to 17 visits. The type of physical medicine treatment is at the discretion of the surgeon. In general, aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. This is the initial request for post-operative therapy. Guideline criteria have been met. Therefore, this request is medically necessary.