

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132838 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 03/28/2014 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 46 year old female who sustained a work injury on 3-28-14. Office visit on 8-4-14 notes the claimant has low back pain and neck pain. On exam, the claimant has tenderness to palpation with palpable taught bands and trigger point in bilateral cervical spine and trapezius. Motor strength is 5/5 in the upper extremities. Sensation is intact. The claimant has a diagnosis of cervical disc degeneration and lumbosacral spondylosis. The claimant has returned to work with restrictions. The claimant was referred for trigger point injections. Documentation reflects the claimant has been provided with chiropractic sessions x 4 and acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the Lumbar Paraspinals, Cervical Paraspinals, Trapezius:
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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that 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 for more than three 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 (by exam, imaging, or neuro-testing); (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 (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Most recent office visit fails to document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the medical necessity of this request is not established.

Physical Therapy for the Cervical and Lumbar Spine8 Visits: 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. Decision based on Non-MTUS Citation Neck and Low back chapter - physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The claimant has been provided with chiropractic therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. Her response to completed approved chiropractic sessions is not provided. Therefore, the medical necessity of this request is not established.