

<b>Case Number:</b>	CM14-0144830		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 6/20/11 date of injury. At the time (8/7/14) of request for authorization for trigger point injections and SI joint injections, and physical therapy-aquatic twice a week for six weeks quantity: 12, there is documentation of subjective (chronic moderate to severe low back pain) and objective (tender coccygeal ligaments, difficulty standing and sitting, tenderness over the bilateral knee joints and bursa, tenderness over the bilateral sacroiliac joints, hips and ankles, and tenderness over the bilateral quadratus lumborum) findings, current diagnoses (lumbosacral spondylosis without myelopathy, myalgia and myositis, enthesopathy of hip region, enthesopathy of knee, arthritis of knee, cervical spondylosis without myelopathy, sprain of sacroiliac ligament, pain in the coccyx, cervical radiculitis, and lumbosacral radiculitis), and treatment to date (9 sessions of aquatic therapy, medications, epidural injections, acupuncture, and massage therapy). Regarding trigger point injections, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session. Regarding SI joint injections, there is no documentation of at least 3 positive exam findings; diagnostic evaluation first addressing any other possible pain generators; and block to be performed under fluoroscopy. Regarding physical therapy-aquatic twice a week for six weeks quantity: 12, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of aquatic therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS AND SI JOINT INJECTIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

**Decision rationale:** Regarding trigger point injections, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Regarding SI joint injections, MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, myalgia and myositis, enthesopathy of hip region, enthesopathy of knee, arthritis of knee, cervical spondylosis without myelopathy, sprain of sacroiliac ligament, pain in the coccyx, cervical radiculitis, and lumbosacral radiculitis. Regarding trigger point injections, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam). However, there is no documentation of myofascial pain syndrome; and circumscribed trigger points with evidence

upon palpation of a twitch response as well as referred pain. In addition, given documentation of a request for trigger point injections, there is no documentation of no more than 3-4 injections per session. Regarding SI joint injections, there is documentation of failure of at least 4-6 weeks of aggressive conservative therapy (physical therapy, home exercise, and medication management), and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, there is no documentation of at least 3 positive exam findings [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. In addition, given documentation of an associated request for trigger point injections, there is no documentation of diagnostic evaluation first addressing any other possible pain generators. Furthermore, there is no documentation of block to be performed under fluoroscopy. Lastly, the requested sacroiliac joint injections, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections and SI joint injections are not medically necessary.

#### **PHYSICAL THERAPY-AQUATIC TWICE A WEEK FOR SIX WEEKS QUANTITY:**

**12:** 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; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Official Disability Guidelines (ODG) Low Back, Aquatic therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, myalgia and myositis, enthesopathy of hip region, enthesopathy of knee, arthritis of knee, cervical spondylosis without myelopathy, sprain of sacroiliac ligament, pain in the coccyx, cervical

radiculitis, and lumbosacral radiculitis. In addition, there is documentation of at least 9 aquatic therapy sessions completed to date. However, there is no documentation of a condition/diagnosis where reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, given that the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of aquatic therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy-aquatic twice a week for six weeks quantity: 12 are not medically necessary.

