

Case Number:	CM15-0116035		
Date Assigned:	06/24/2015	Date of Injury:	04/01/2010
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational Medicine

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 65 year old female who sustained an industrial injury on 04/01/2010. Diagnoses include acquired spinal stenosis, status post decompressive surgery of the cervical spine for recurrent C7 radiculopathy arising from acquired spinal stenosis at the C6-7 motion segment. Treatment to date has included diagnostic studies and surgery. A physician progress note dated 04/27/2015 documents the injured worker has noted improvement in her radicular pain. However, she continues to have escalating symptoms of left trapezius pain with muscle spasm. This has resulted in limitation for active range of motion of the cervical spine. She notes restriction in active range of motion of the cervical spine especially in rotation to the left. This compromises and limits her functional ability to perform her activities of daily living. She has some residual numbness involving the dorsum of the left forearm. She has a reduction of cervical rotation to the left by 50 % of normal. Unofficial X rays of the cervical spine done in the office this date show evidence of a left-sided wide based laminectomy defect at the C6-7 level. There is no evidence of any failure of the cervical plate or screw instrumentation at C5, C6, and C7. It appears that her interbody arthrodesis at both C5-6 and C6-7 are well balanced and preserved. She is status post decompressive surgery of the cervical spine with residual left paracervical neck pain resulting in limitation of active range of motion of the cervical spine. Treatment requested is for Physical therapy (cervical) 2 times a week for 8 weeks, and Trigger point injection (left trapezius).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical) 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has had previous physical therapy sessions for the cervical spine yet there is no documentation of the efficacy of the treatments. In this case, the request for 16 visits exceeds the established guidelines. The request for physical therapy (cervical) 2 times a week for 8 weeks is not medically necessary.

Trigger point injection (left 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 Section Page(s): 122.

Decision rationale: The MTUS Guidelines recommend the use of trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as Bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. In this case, although there was spasm noted on exam, there was no evidence of trigger point with twitch response. The request for trigger point injection (left trapezius) is not medically necessary.