

Case Number:	CM15-0143824		
Date Assigned:	09/01/2015	Date of Injury:	10/18/2001
Decision Date:	10/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation

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 62 year old male who sustained an industrial injury on October 18, 2001. The accident was described s while working he lost consciousness and was hospitalized for an intercranial brain bleed resulting in surgical intervention and a lengthy hospitalization. The worker was deemed as permanent and stationary in 2004. A progress report dated February 05, 2014 reported subjective complaint of bilateral foot and toe pain. He is receiving acupuncture therapy to include massage and electric stimulation. A primary treating office visit dated May 14, 2015 reported the treating diagnoses of brachial neuritis or radiculitis: thoracic or lumbosacral neuritis or radiculitis; Pes Anserinus tendinitis or bursitis, and shoulder region disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Ligament Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with painful bilateral plantar fascia pain, rated 5-6/10. The treater has asked for Bilateral Ligament Trigger Point Injection on 6/4/15. The patient's diagnoses per request for authorization dated 6/4/15 are plantar fasciitis, capsulitis, bursitis unspecified, and pain in the limb. The patient also has pain in lower back, bilateral knees, and right foot/ankle per 5/12/15 AME report. The patient is s/p 1.5 years of acupuncture which was "extremely helpful" but was denied by insurance a few months ago per 5/21/15 report. The patient states that he wakes with sharp radiating pain the his bilateral feet which makes it difficult to ambulate per 5/21/15 report. Patient is wearing old orthotics but they have completely worn out per 5/21/15 report. The patient has a home exercise program, uses icing, and continues with unspecified medications as of 6/4/15 report. The patient's work status is not included in the provided documentation. MTUS, Trigger Point Injections Section (pg 122): Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. 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 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) The treater does not discuss this request in the reports provided. In this case, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient presents with low back pain with a diagnosis of lumbosacral radicular, for which trigger point injections have not been proven effective. The request is not medically necessary.

Ultrasonic Guidance for Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with painful bilateral plantar fascia pain, rated 5-6/10. The treater has asked for Ultrasonic Guidance For Trigger Point Injections on 6/4/15. The patient's diagnoses per request for authorization dated 6/4/15 are plantar fasciitis, capsulitis, bursitis unspecified, and pain in the limb. The patient also has pain in lower back, bilateral knees, and right foot/ankle per 5/12/15 AME report. The patient is s/p 1.5 years of acupuncture which was "extremely helpful" but was denied by insurance a few months ago per 5/21/15 report. The patient states that he wakes with sharp radiating pain the his bilateral feet which makes it difficult to ambulate per 5/21/15 report.

Patient is wearing old orthotics but they have completely worn out per 5/21/15 report. The patient has a home exercise program, uses icing, and continues with unspecified medications as of 6/4/15 report. The patient's work status is not included in the provided documentation. MTUS, Trigger Point Injections Section (pg 122): Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. 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 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) The treater does not discuss this request in the reports provided. In this case, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient presents with low back pain with a diagnosis of lumbosacral radicular, for which trigger point injections have not been proven effective. ODG and MTUS guidelines do not discuss ultrasound guidance for trigger point injection. However, as the concurrently requested trigger point injections are not indicated, neither is the ultrasonic guidance. The request is not medically necessary.

1 prescription of topical compound Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% 120g tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with painful bilateral plantar fascia pain, rated 5-6/10. The treater has asked for 1 Prescription Of Topical Compound Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% 120g Tube on 6/4/15. The patient's diagnoses per request for authorization dated 6/4/15 are plantar fasciitis, capsulitis, bursitis unspecified, and pain in the limb. The patient is s/p 1.5 years of acupuncture which was "extremely helpful" but was denied by insurance a few months ago per 5/21/15 report. The patient states that he wakes with sharp radiating pain in his bilateral feet which makes it difficult to ambulate per 5/21/15 report. Patient is wearing old orthotics but they have completely worn out per 5/21/15 report. The patient has a home exercise program, uses icing, and continues with unspecified medications as of 6/4/15 report. The patient's work status is not included in the provided documentation. MTUS Topical Analgesics Section under Non-steroidal anti-inflammatory agents (NSAIDs) pg 111: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2

weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater does not specifically discuss this medication. The treater mentions prior use of unspecified topical medication in 6/4/15 report, but the patient has run out of his supply. In this case, the patient presents with pain in peripheral joints, for which topical analgesics may be indicated. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The requested topical compound contains Cyclobenzaprine, which is not supported for topical use. Therefore, the request for this topical compound is not medically necessary.

Shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter under shockwave therapy Lumbar chapter, under shockwave therapy Ankle/foot chapter under shockwave therapy.

Decision rationale: Based on the 5/21/15 progress report provided by the treating physician, this patient presents with painful bilateral plantar fascia pain, rated 5-6/10. The treater has asked for Shockwave Therapy on 6/4/15. The patient's diagnoses per request for authorization dated 6/4/15 are plantar fasciitis, capsulitis, bursitis unspecified, and pain in the limb. The patient also has pain in lower back, bilateral knees, and right foot/ankle per 5/12/15 AME report. The patient is s/p 1.5 years of acupuncture which was "extremely helpful" but was denied by insurance a few months ago per 5/21/15 report. The patient states that he wakes with sharp radiating pain the his bilateral feet which makes it difficult to ambulate per 5/21/15 report. Patient is wearing old orthotics but they have completely worn out per 5/21/15 report. The patient has a home exercise program, uses icing, and continues with unspecified medications as of 6/4/15 report. The patient's work status is not included in the provided documentation. ODG guidelines, Shoulder chapter under shockwave therapy states: Recommended for calcifying tendinitis but not for other shoulder disorders. ODG guidelines, Lumbar chapter, under shockwave therapy states: Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. ODG guidelines, Ankle/foot chapter under shockwave therapy states: Under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. (Wang, 2007) New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic non-unions.

However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. (Cacchio, 2009) New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010) The patient also has pain in lower back, bilateral knees, and right foot/ankle per 5/12/15 AME report. The patient also has pain in the bilateral plantar fascia per 6/4/15 report. The treater does not discuss this request in the reports provided. The treater is requesting unspecified ESWT treatments but does not specify where which part of the body they are for. The guidelines do not support the use of this procedure for lumbar complaints. The patient does not have calcifying tendinitis of the shoulder, nor does he present with patellar tendinopathy or long-bone hypertrophic non-unions. Given the lack of guideline support for any of the patient's complaints, recommendation cannot be made. Therefore, this request is not medically necessary.