

Case Number:	CM15-0178450		
Date Assigned:	09/18/2015	Date of Injury:	11/29/2011
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 11-29-11. Progress report dated 7-30-15 reports continued complaints of chronic low back pain and bilateral lower extremity pain. The pain is described as severe on a regular basis, is aching with a lancinating sensation. The pain is increased by activity and lifting of objects and is partially relieved by medication and injection therapy. The pain is reported as still there but lessened with current treatment. She states the left sided pain has decreased since the radio-frequency ablation done in May. She has pain that radiates into the buttocks and into the side. Physical therapy was helpful but she is limited due to right sided pain. She requires medication for her right sided back and buttock pain. Diagnoses include: lumbosacral spondylosis without myelopathy, sacroiliitis, long term use of medications, and myalgia and myositis. Plan of care includes: request right L4, 5 and S1 medial branch block and likely subsequent radio-frequency ablation, if right sided pain is relieved, request lumbar trigger point injections after the procedure to help her residual spasm in the past provided 85-90% relief on the left side, request physical therapy 6 visits. Follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar trigger point injections are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; sacroiliitis NEC; and myalgia and myositis NOS. Date of injury is November 29, 2011. Request for authorization is August 4, 2015. According to a February 13, 2015 progress note, six occupational therapy sessions were approved for the lumbar and thoracic spine. According to a May 4, 2015 progress note, six additional physical therapy/occupational therapy sessions were approved. The total number of physical therapy sessions to date is not documented. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. According to progress note dated July 30, 2015, subjective complaints include low back pain that radiates to the bilateral lower extremities. Objectively, there are no gross neurologic abnormalities. Gait and movement are normal. There is no physical examination or objective evidence of the cervical or lumbar spine. There are no trigger points documented on physical examination. The documentation indicates the injured worker received prior trigger point injections, but there is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior trigger point injections and no physical examination evidence of trigger points on the July 30, 2015 progress note, lumbar trigger point injections are not medically necessary.

Physical Therapy x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times six sessions is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; sacroiliitis NEC; and myalgia and myositis NOS. Date of injury is November 29, 2011. Request for authorization is August 4, 2015. According to a February 13, 2015 progress note, six occupational therapy sessions were approved for the lumbar and thoracic spine. According to a May 4, 2015 progress note, six additional physical therapy/occupational therapy sessions were approved. The total number of physical therapy sessions to date is not documented. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. According to progress note dated July 30, 2015, subjective complaints include low back pain that radiates to the bilateral lower extremities. Objectively, there are no gross neurologic abnormalities. Gait and movement are normal. There is no physical examination or objective evidence of the cervical or lumbar spine. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date and no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy times six sessions is not medically necessary.