

Case Number:	CM15-0028515		
Date Assigned:	02/20/2015	Date of Injury:	04/10/2004
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, 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 applicant is a represented 58-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 10, 2004. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for six sessions of physical therapy and trigger point injection therapy. The claims administrator referenced progress notes of September 12, 2014 and January 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a January 16, 2015 RFA form, trigger point injections and six sessions of physical therapy were endorsed. In an associated progress note dated January 7, 2015, the applicant reported multifocal complaints of neck pain, back pain, headaches, and upper extremity paresthesias. The applicant's medication list included Prozac, Motrin, baclofen, Colace, and Amitiza. The applicant carried various diagnoses, including chronic low back pain, chronic neck pain, bilateral carpal tunnel syndrome, depression, and generalized anxiety disorder. Multiple medications and permanent work restrictions were renewed, in addition to additional physical therapy. In a progress note dated September 12, 2014, the attending provider acknowledged that the applicant's low back pain radiated to the right arm and also noted that the applicant had some radiation of neck pain to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical and lumbar spine QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Chapter Low Back (Acute and Chronic); Chapter Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 8 of 27.

Decision rationale: No, the request for six sessions of physical therapy for the cervical and lumbar spines was not medically necessary, medically appropriate, or indicated here. The applicant had had prior unspecified amounts of physical therapy over the course of the claim through this point in time. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, permanent work restrictions remained in place, seemingly unchanged, from visit to visit, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. The applicant did not appear to be working with said permanent limitations in place. The applicant remained dependent on various and sundry analgesic and adjuvant medications, including Motrin, baclofen, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional six sessions of physical therapy was not medically necessary.

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 122 of 127.

Decision rationale: Similarly, the request for trigger point injections was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. Here, the applicant was described as having radicular pain complaints evident on various dates, including on January 7, 2015. The applicant had upper extremity paresthesias suggestive of cervical radiculopathy on that date. On September 12, 2014, the applicant reported radiation of neck pain to the right arm. Trigger point injections, thus, were/are not indicated in the radicular pain context present here. Therefore, the request was not medically necessary.

