

Case Number:	CM15-0074057		
Date Assigned:	04/24/2015	Date of Injury:	05/25/2000
Decision Date:	05/21/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 was a 70 year old male, who sustained an industrial injury, May 25, 2000. The injured worker previously received the following treatments Voltaren gel, Flector patches, Terocin ointment, Lyrica, Lidocaine Patches, Naproxen, Norco, status post C5-C7 anterior cervical discectomy and vertebral body fusion, cervical spine x-rays, cervical pillow, left shoulder x-ray, random laboratory toxicology studies and TENS (transcutaneous electrical nerve stimulator) unit. The injured worker was diagnosed with status post C5-C7 anterior cervical discectomy and vertebral body fusion, post cervical laminectomy syndrome, cervical spondylosis, left shoulder pain, bilateral carpal tunnel syndrome and cervical neck pain. According to progress note of March 26, 2015, the injured workers chief complaint was neck pain with radiation into the left arm and left shoulder. The injured worker rated the pain at 7 out of 10; 1 being the least amount of pain and 10 being the worst pain. The injured worker rated the pain at 9 out of 10 without pain medication. The activity level remained the same. The quality of sleep was poor. The physical exam noted restricted range of motion of the cervical neck. There was tenderness and trigger point (twitch response was obtained along with radiating pain on palpation) was noted on the left side. There was trigger with radiating pain and twitch response on palpation at the cervical paraspinal muscles on the right and the left. The treatment plan included physical therapy and trigger point injection to the (cervical paravertebral).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had worsening chronic neck pain. Although the injury took place many years prior to this request, there was no record submitted for review showing that the worker completed supervised physical therapy for the neck or how effective it was. As there was no indication that he was unable to perform home exercises for his neck pain, formal supervised physical therapy cannot be justified without a more clear explanation. Also, the request for 12 sessions would be more than necessary if the worker had not completed any physical therapy in the past or if the worker had completed some, but needed a refresher course in home exercises. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

1 trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than

local anesthetic with or without steroid are not recommended. In the case of this worker, although there was evidence of trigger points of the cervical paraspinal muscles, there was insufficient documentation of previous physical therapy/home exercises and effectiveness, which should be maximized prior to suggesting an injection. Therefore, the trigger point injection is not medically necessary at this time.