

<b>Case Number:</b>	CM15-0078205		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 54 year old male, who sustained an industrial injury on 12/09/2014. He reported a headache and severe leg and arm pain following a motor vehicle accident. The injured worker was diagnosed as having a navicular (scaphoid) fracture closed, cervical strain and knee contusion. Treatment to date has included imaging, medications and physical therapy. According to a progress report dated 03/17/2015, the injured worker was still having a lot of tension/muscle spasms in his neck/shoulder and now worse over his occipital insertion. He was taking Flexeril mostly at night. The provider noted that the injured worker was seen by an orthopedist that recommended cervical and knee regimen physical therapy with ultrasound and suggest an MRI of the right knee. The provider also noted that he needed renewal of physical therapy and that they were going to be concentrating on his left wrist and forearm as he continued to have significant pain. A cervical x-ray suggested significant degenerative joint disease. Diagnoses included muscle spasm, paraspinal muscle spasm, knee pain, trapezius strain, wrist injury, cervical radiculopathy, left shoulder pain and lumbar radiculopathy. Treatment plan included physical therapy; renew Endocet, referral to neurologist for trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy treatments:** Upheld

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

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

**Decision rationale:** The patient presents on 03/17/15 with neck and shoulder pain rated 7/10 and associated tension and spasms in the neck. The patient also complains of pain in the left wrist. The patient's date of injury is 12/09/14. Patient has no documented surgical history directed at these complaints. The request is for 12 Additional Physical Therapy Treatments. The RFA is dated 03/20/15. Physical examination dated 03/17/15 reveals pain and tenderness to palpation of the occiput, thoracic spine, and anatomical snuff box of the left hand with spasms noted to the neck and thoracic region. Provider also notes positive Spurling's test on the left with parasthesias elicited in the left hand radial distribution at 5-10 seconds, and increased attenuated sensation to light touch over the left 4th digit. The patient is currently prescribed Endocet. Diagnostic imaging pertinent to the request was not included. Patient is currently not working. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 12 additional sessions of physical therapy for this patient's continuing wrist complaint, the provider has exceeded guideline recommendations. Progress note dated 03/17/15 states: "he needs renewal for his physical therapy, they're going to be concentrating on his L wrist and forearm..." The same note also indicates that this patient has received 6 sessions of physical therapy to date, though it is not clear if these sessions were directed at his wrist or neck/shoulder complaint. However, MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions in addition to the 6 already completed exceeds these recommendations. Therefore, the request is not medically necessary.

**Neurologist evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents on 03/17/15 with neck and shoulder pain rated 7/10 and associated tension and spasms in the neck. The patient also complains of pain in the left wrist. The patient's date of injury is 12/09/14. Patient has no documented surgical history directed at these complaints. The request is for Neurologist Evaluation. The RFA is dated 03/20/15. Physical examination dated 03/17/15 reveals pain and tenderness to palpation of the occiput, thoracic spine, and anatomical snuff box of the left hand with spasms noted to the neck and thoracic region. Provider also notes positive Spurling's test on the left with parasthesias elicited in the left hand radial distribution at 5-10 seconds, and increased attenuated sensation to light touch over the left 4th digit. The patient is currently prescribed Endocet. Diagnostic imaging pertinent to the request was not included. Patient is currently not working. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004- ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other

specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for a consultation/evaluation with a Neurologist for the purpose of trigger point injections, the associated procedure is not substantiated and therefore the consultation is unnecessary. Progress note dated 03/17/15 states: "Referral to neurologist evaluation and treatment PIs, refer pt for trigger point injections." This indicates that the purpose of the consultation is the performance of the associated trigger point injection request. However, these injections are not supported, as there are no findings of twitch response and referred pain elicited by trigger point palpation. As there are no other rationale provided which would necessitate such a consultation, the request cannot be substantiated. The request is not medically necessary.

**Neurologist treatment for trigger point injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 122.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Trigger Point Injections.

**Decision rationale:** The patient presents on 03/17/15 with neck and shoulder pain rated 7/10 and associated tension and spasms in the neck. The patient also complains of pain in the left wrist. The patient's date of injury is 12/09/14. Patient has no documented surgical history directed at these complaints. The request is for Neurologist Treatment For Trigger Point Injections. The RFA is dated 03/20/15. Physical examination dated 03/17/15 reveals pain and tenderness to palpation of the occiput, thoracic spine, and anatomical snuff box of the left hand with spasms noted to the neck and thoracic region. Provider also notes positive Spurling's test on the left with parasthesias elicited in the left hand radial distribution at 5-10 seconds, and increased attenuated sensation to light touch over the left 4th digit. The patient is currently prescribed Endocet. Diagnostic imaging pertinent to the request was not included. Patient is currently not working. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months." In regard to the request for trigger point injections, the patient does not meet guideline criteria. Progress notes do not document any trigger point injections to date. Progress report dated 03/17/15 does include exam findings of several tender trigger points. However, there is no discussion of positive twitch response or referred pain upon palpation. Without such findings, this patient does not meet ODG criteria for trigger point injections and the request cannot be substantiated. The request is not medically necessary.