

<b>Case Number:</b>	CM14-0141242		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 33-year-old female with an 11/29/13 date of injury. At the time (7/24/14) of request for authorization for Two steroid injections (Trigger point) to the back and Additional Physical Therapy for the low back two times three, there is documentation of subjective (constant pain and stiffness in low back, pain radiates to left leg down to knee, tingling and numbness in left leg, and constant pain in left knee) and objective (lumbar range of motion decreased and with pain, positive straight leg raise on left at 40 degree supine and sitting, positive Lasegue's sign left, normal motor power and sensation, 2+ Patellar and Achilles reflexes bilaterally, tenderness to palpation L4/L5 and L5/S1, left sacroiliac area, sciatic notches, and posterior tibial nerves, and circumscribed paravertebral trigger points with palpated tenderness and twitch response over L5/S1) findings, current diagnoses (lumbar spine myofasciitis sprain/strain syndrome with left-sided L5-S1 disc protrusion with foraminal narrowing, associated with left-sided radiculopathy, confirmed by MRI and left knee contusion/sprain with continued symptoms), and treatment to date (physical therapy (20 sessions to date with no improvement), home exercise program, bracing, and medications (including ongoing treatment with Tylenol)). Regarding Two steroid injections (Trigger point) to the back, there is no documentation of myofascial pain syndrome and that radiculopathy is not present. Regarding Additional Physical Therapy for the low back two times three, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Physical Therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two steroid injections (Trigger point) to the back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spine myofascial pain syndrome with left-sided L5-S1 disc protrusion with foraminal narrowing, associated with left-sided radiculopathy, confirmed by MRI and left knee contusion/sprain with continued symptoms. In addition, there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, and medications have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome. In addition, given documentation of subjective (pain radiates to left leg down to knee, tingling and numbness in left leg) findings, there is no documentation that radiculopathy is not present. Therefore, based on guidelines and a review of the evidence, the request for Two steroid injections (Trigger point) to the back is not medically necessary.

**Additional Physical Therapy for the low back two times three: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with

allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes 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 a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar spine myoligamentous sprain/strain syndrome with left-sided L5-S1 disc protrusion with foraminal narrowing, associated with left-sided radiculopathy, confirmed by MRI and left knee contusion/sprain with continued symptoms. In addition, there is documentation of 20 previous physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Physical Therapy provided to date. Lastly, there's no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy for the low back two times three is not medically necessary.