

<b>Case Number:</b>	CM13-0002420		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	01/18/2004
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, 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 physician 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:

This is a female patient with a date of injury of 1/18/04. A utilization review determination dated 7/15/13 recommends non-certification of: Massage therapy 2 times a week for 6 weeks, lumbar spine; LESI; TPI 1 q 2-3 months prn, total of 3; and H Wave pads #100. A progress report dated 7/1/13 identifies subjective complaints including, "lower back pain with bilateral leg pain, balance problems, burning sensation lower legs." The history notes that "in the past, trigger point injections allowed the patient to sit longer and improved her ADLs. The lumbar ESI allowed the patient to sit and walk longer and improved her ADLs and reduced her use of pain medications. Massage therapy increased her ROM and muscle spasms." Objective examination findings identify, "tender ileolumbar taut bands bilateral. Patient has palpable tenderness over the right SI tenderness, no atrophy. Motor was 5/5 throughout. Ileolumbar tenderness to palpation and flexion and extension at the waist to her knees was limited." Diagnoses include chronic pain syndrome, acute lumbar strain, myofascial pain syndrome, depression, chronic low back pain syndrome, lumbar spondylosis, and lumbar stenosis. Treatment plan recommends: "Continue with exercise; RTC to see [REDACTED] in one month; Request for authorization for massage therapy twice a week for 6 weeks; Request for authorization for lumbar ESI; Request for authorization for trigger point injections one every two months prn total of three; Request for authorization for H-Wave pads #100." â€¦

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2 times per week for 6 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** Regarding the request for massage therapy, CA MTUS Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, prior massage therapy is noted to have improved her ROM and muscle spasms. The improvement is not quantified and specific functional gains are not identified. Furthermore, it is unclear exactly what objective treatment goals are intending to be addressed with the currently requested massage therapy, particularly in light of a lack of guidelines support for long-term treatment with this modality. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

**Lumbar epidural steroid injection (LESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection, CA MTUS recommends documentation of positive physical exam findings, failure of conservative treatment, and corroborating imaging or electrodiagnostic studies. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there is documentation that a prior lumbar ESI allowed the patient to sit and walk longer and improved her ADLs and reduced her use of pain medications. However, the pain relief was not quantified and the duration of relief was not identified. Furthermore, there are no objective findings suggestive of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.

**Trigger Point Injections (TPI) 1 per month for 2-3 months as needed, total of 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for trigger point injections, CA MTUS guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Repeat injections are supported only when there is greater than 50% pain relief obtained for six weeks after an injection and there is documented evidence of functional improvement. Within the documentation available for review, there is documentation that trigger point injections allowed the patient to sit longer and improved her ADLs. However, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief obtained for 6 weeks after prior injection. In the absence of such documentation, the requested trigger point injections are not medically necessary.

**H-wave pads #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114,117-118.

**Decision rationale:** Regarding the request for H-Wave pads, California MTUS Chronic Pain Medical Treatment Guidelines state that H-Wave stimulation may be considered "if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Within the documentation available for review, there is documentation of only minimal relief from prior conservative care including TENS. However, there is no documentation of specific quantifiable pain relief and/or functional improvement attributed to prior use of H-Wave stimulation. In the absence of such documentation, the currently requested H-Wave pads are not medically necessary.