

<b>Case Number:</b>	CM13-0019594		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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:

The injured worker is a 42-year-old male who reported an injury on 09/24/2012. The mechanism of injury was not provided. On 04/28/2014, the injured worker presented with neck pain radiating to the bilateral upper extremities. Upon examination of the cervical spine, there were trigger points noted over the neck, posterior shoulders, and upper extremities. There was a positive Phalen's. The diagnoses were repetitive strain injury with myofascial pain syndrome, neck and bilateral upper extremities, multiple nerve irritabilities, and mild bilateral carpal tunnel syndrome. Prior therapies included modified duty. The provider recommended myofascial deep tissue massage, physical therapy, ergonomic evaluation, EMG/NCV of the bilateral upper extremities, Flexeril, and a retrospective bilateral trapezius and scapula trigger point injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofacial Therapy/Deep Tissue Massage times 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states massage therapy treatments should be an adjunct to other recommended treatment including exercise and physical therapy, and it should be limited to 4 to 6 visits. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Massage is an effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery. Myofascial therapy massage is indicated as an adjunct to other recommended treatment. There is no evidence in the medical documentation of exercise or physical therapy treatments that would be used as an adjunct to myofascial therapy. Additionally, the site that the myofascial therapy was intended for and the frequency of the visits was not indicated in the request as submitted. As such, the request is not medically necessary and appropriate.

**Physical Therapy six sessions:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transition the injured worker to an independent home exercise program. The provider's request does not indicate the frequency of the physical therapy visits or the site that the physical therapy visits are intended for in the request as submitted. As such, the request is not medically necessary and appropriate.

**Ergonomic Eval:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Ergonomic Interventions.

**Decision rationale:** The Official Disability Guidelines recommend ergonomic interventions as an option as part of a return-to-work program for injured workers. There is conflicting evidence for prevention, so case by case recommendations are necessary. 1 study concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of lower back pain. Training workers about proper material handling techniques or providing them with assistive devices are not effective interventions by themselves in preventing back pain. There is a lack of evidence that the injured worker is part of a return to work program. Additionally, there is no good quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of lower back pain. As such, the request is not medically necessary and appropriate.

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines EMG studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines (ACOEM) states that electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The included medical documentation note trigger points over the neck, posterior shoulders, and upper extremities. There was intact motor strength and a slightly positive Phalen's test. There was lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. Additionally, the injured worker has had an electromyography (EMG) and nerve conduction velocity study (NCV) of the upper extremity dated 10/31/2013. The need for an additional EMG and NCV for the upper extremities would not be warranted. As such, the request is not medically necessary and appropriate.

**Nerve Conduction study bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines (ACOEM) state that electromyography and nerve conduction velocities including H-reflex tests

may help identify subtle focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The included medical documentation note trigger points over the neck, posterior shoulders, and upper extremities. There was intact motor strength and a slightly positive Phalen's test. There was lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. Additionally, the injured worker has had an electromyography (EMG) and nerve conduction velocity study (NCV) of the upper extremity dated 10/31/2013. The need for an additional EMG and NCV for the upper extremities would not be warranted. As such, the request is not medically necessary and appropriate.

**Flexeril quantity and usage unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The medical documents provided lack evidence if Flexeril is a new or ongoing prescription medication. Additionally, the provider's request does not indicate the dose, quantity, or frequency of the Flexeril in the request as submitted. As such, the request is not medically necessary and appropriate.

**Bilateral Trapezius and Scapula Trigger Point injections (retrospective DOS 7/31/13):**  
Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend trigger point injections for myofascial pain syndrome as indicated, with limited lasting value. They are not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome. There must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms persisting for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, or muscle relaxants have failed to control pain; and no evidence of radiculopathy. No more than 3 to 4 injections per session and no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection. The documentation notes a discrete trigger point over the neck, posterior shoulders, and upper extremities. There was a lack of documentation that

conservative care treatment such as medication, stretching exercises, and physical therapy have failed. Further clarification would be needed to address radiculopathy, such as evidence of a Spurling's test. The provider's request does not indicate the number of injections in the request as submitted. As such, the request is not medically necessary and appropriate.