

<b>Case Number:</b>	CM13-0021010		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 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:

The patient is a 43 year old female who reported an injury on 03/18/2009. The mechanism of injury was a fall. The patient diagnoses included impingement syndrome, left shoulder (ICD-9 Code 726.2), cervical spine radiculitis (ICD-9 Code 723.4), and cervical spine strain/sprain (ICD-9 Code 847.0). Her medication regimen included Norco, and Tizanadine. The dosage and frequency of these medications was not provided in the medical record. The most recent clinical note dated 10/03/2013 reported the patient continued to complain of neck pain and left shoulder stiffness and tightness. The patient has received prior physical therapy, chiropractic therapy, acupuncture, and trigger point injections to cervical spine bilaterally on 07/18/2013 which provide immediate relief and to the left shoulder on 10/28/2013, which also gave immediate relief. Per the clinical note dated 10/03/2013 the combination of physical therapy and trigger point injections usually help the patient for a few months then another set of injections and therapy is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections, cervical spine x 2:** Upheld

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

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

**Decision rationale:** California MTUS states there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, along with several other requirements. There is no clinical objective documentation of the specific % of pain relief received from the previous trigger point injections, and per guidelines there must be documented >than 50% pain relief. The medical documentation also lacked any mention of twitch response to palpation of the affected area. Without the required documentation, the medical necessity cannot be proven. As such, the request for trigger point injections, cervical spine x 2 is non-certified.

**Physical therapy (deep tissue massage) for the cervical spine and left shoulder x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 60.

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

**Decision rationale:** California MTUS states massage therapy is an option of treatment if adjunct to other recommended treatments, and should be limited to 4-6 visits. Massage is a passive intervention and treatment dependence should be avoided. California MTUS recommended number of physical therapy visits is 10 visits and the patient received 12 physical therapy sessions previously with no documented clinical findings of functional gain, or decrease in pain. Per guidelines there must be documented functional gain, increased flexibility, increased endurance, and/or increased range of motion. There is none of this information provided in the medical record. So, as massage must be adjunct to other treatments and the physical therapy cannot be proven medically necessary, nor can the massage therapy. As such, the request for physical therapy (deep tissue massage) for cervical spine and left shoulder x 12 is non-certified