

Case Number:	CM13-0048879		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2005
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 male who reported injury on 03/21/2005. The patient was noted to be typing in his office and suddenly experienced left shoulder and left hand pain. The patient was noted to have neck surgery in 01/2006. The patient was noted to previously have undergone trigger point injections. The patient's diagnoses were noted to include radiculopathy and myofascial pain syndrome. The patient was noted to have TPIs that were done that provided a significant amount of relief for 3+ weeks. The request was made for trigger point injections and massage therapy for myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121, 122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation

of a twitch response as well as referred pain; Symptoms have persisted for more than 3 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 there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. The pain in the neck muscles, as well as the trapezius, was noted to be significantly improved for about 1 month following the last set of TPIs in the office, which was noted to be 06/29/2013. Physical examination revealed the patient had increased tone and palpation of the splenius cervicis, occipitalis, semispinalis capitis, levator scapula, trapezius, and rhomboid muscles in the musculature of the head. There were noted to be hyperirritable spots with palpable nodules in taut bands. Compression of the trigger points was noted to elicit local tenderness, referred pain, and a local twitch response. The physical examination of the thoracic spine revealed the patient had no trigger points in the musculature of the thoracic spine. However, compression of the trigger points elicited local tenderness and referred pain, as well as a local twitch response. The patient was noted to have taut bands and positive jump signs, as well as referred pain to palpation of the upper back and cervical regions. The patient was noted to have TPIs that were done that provided a significant amount of relief for 3+ weeks. The clinical documentation submitted for review indicated the patient had previous TPIs. However, there was a lack of documentation indicating the quantity of TPIs that were performed and the location they were performed. There was a lack of documentation indicating the patient had 50% pain relief for 6 weeks after the injection and objective functional improvement. The request as submitted failed to indicate the location of the trigger point injections. Given the above, the request for trigger point injections times 3 is not medically necessary.

Massage therapy 2/weekly times 12 weeks: 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: California MTUS Guidelines indicate that massage therapy is to be used as an adjunct to other treatment including exercise. Additionally, it indicates that massage therapy should be limited to 4 visits to 6 visits in most cases. The clinical documentation submitted for review failed to indicate the necessity for 12 visits. Additionally, the physician documentation indicated the request for the massage therapy was noted to be to the back for myofascial pain. The request as submitted, however, indicated massage therapy 2 times a week x12 weeks for an unknown body part. As such, the request is not medically necessary.