

<b>Case Number:</b>	CM13-0071092		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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 patient is a 38 year old male who was injured on 06/02/2010. He began having pain in his neck and right upper extremity associated with his repetitive work. Prior treatment history has included 6 sessions of chiropractic therapy which did not help; and hand therapy which did not help. The patient underwent trigger point injection of the right and left upper trapezius and mid scapular area on 11/18/2013. The patient also received 15 sessions of occupational therapy from 03/08/2013 to 09/05/2013. The assessment of occupational therapy reveals the patient demonstrated compliance with prescribed Home Exercise Program (HEP) and showed rehab potential as good. The patient still has problems with limited grip and pinch strength of right hand; limited neuro ability bilateral upper extremities; pain is rated as moderate to high right upper extremity to shoulder and neck. The patient was recommended to discontinue hand therapy at this time and to follow home exercise program. There are no diagnostic studies provided for review. PR2 dated documented the patient had neck pain with right upper extremity pain. The patient states that overall he is feeling better. He rated the pain as 6/10. He is still having pain over the right trapezius. The patient found deep tissue trigger point massage helpful. He noted a decrease in pain symptoms and a decrease in functional activities of daily living and exercise. Objective findings on exam reveals discrete tender points over his neck, posterior shoulders, right greater than the left, with muscle twitching points. Motor exam is intact as well as sensation examination. The left upper extremity shows scattered tenderness, not as great as on the right. The patient is diagnosed with 1) Repetitive strain injury of the neck and bilateral upper extremities, right greater than left; 2) Myofascial pain syndrome. The plan is trigger point injection and 6 more sessions of deep tissue trigger points massage to address trigger point over his neck and right upper extremity. PR2 dated 10/17/2013 reports the patient states that he is feeling 70% better. He states that his arm pain is better. He states that he is still having pain

over the right trapezius and posterior shoulder and he rated his pain at 4/10. The patient has received 7 sessions of deep tissue myofascial therapy which he has found helpful. The patient has found hand therapy to be helpful as well. He is not taking any medication. The patient reports he is still doing his exercises and still feels a sense of fatigue in the right arm. On examination of the cervical spine, there are palpable trigger points over his neck and posterior shoulder, right greater than the left. Motor and sensory exams are intact. On palpation of left upper extremity, there is scattered tenderness, not as great as the right.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE REQUEST FOR TRIGGER POINT INJECTIONS, QUANTITY 4, FOR THE RIGHT TRAPEZIUS, DOS 11/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR TRIGGER POINT INJECTIONS Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** According to the CA MTUS guidelines, trigger point injection may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The medical records document the patient was diagnosed with a repetitive strain injury of neck and bilateral upper extremities, right greater than left and myofascial pain syndrome. The patient has received trigger point injections on the right and left trapezius and mid scapular area on 11/18/2013. In the absence of documented trial of NSAIDs, the request is not medically necessary according to the guidelines. The request is non-certified.

#### **6 SESSIONS OF MYOFASCIAL RELEASE/MASSAGE THERAPY TREATMENTS FOR THE RIGHT WRIST, RIGHT HAND, RIGHT ELBOW, AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

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

**Decision rationale:** According to the CA MTUS guidelines, Massage therapy may be recommended as an option of treatment that should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The medical records document the patient was diagnosed with repetitive strain injury of neck, bilateral upper extremities, right greater than left, and myofascial pain syndrome. As this modality of treatment is recommended for short time duration and it is not recommended for long-term; massage is passive intervention treatment and the recommendation is to avoid this type of treatment. This treatment is recommended to be used with other types of treatments such as a home exercise

program, which is not documented as occurring. Based on the guidelines, the request is not medically necessary, and the request is non-certified.