

<b>Case Number:</b>	CM14-0000309		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 injured worker is a 46-year-old with a reported date of injury on September 14, 2005. The injury reportedly occurred when the injured worker lifted a computer. His diagnoses were noted to include myofascial pain syndrome, lumbosacral disc injury, lumbosacral sprain/strain, and lumbosacral radiculopathy. His previous treatments were noted to include trigger point injections, acupuncture, and medications. The injured worker reported he had a lot of pain and discomfort involving his low back and leg, which had worsened. The progress note dated November 2, 2013 indicated the injured worker had received approval for the electro-acupuncture treatment and was looking forward to starting the treatment. The progress note dated December 23, 2013 revealed the physician reported the injured worker had a decreased lumbosacral range of motion, a positive straight leg raise, and local tenderness with myofascial tenderness in the lumbosacral paraspinal musculature and gluteal region. The motor strength was rated 5/5 in the lower extremities. The Request for Authorization Form dated October 22, 2013 was for electro-acupuncture 2x4, equaling 8, due to low back pain, myofascial release, infrared, and trigger point injections 2x3 due to chronic back pain. The Request for Authorization Form was not submitted for Motrin 800 mg #30 with 5 refills due to pain and Flexeril 10 mg #30 with 5 refills due to muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-Acupuncture, twice weekly for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker has had previous electro-acupuncture visits with good results. The Acupuncture Medical Treatment Guidelines state acupuncture is indicated to treat chronic pain conditions, radiating pain along the nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The guidelines recommend three to six treatments to produce functional improvement at one to three times a week, and the optimum duration is one to two months. The guidelines state acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding improved functional status with previous acupuncture visits. Additionally, the request of 8 sessions exceeds guideline recommendations. Therefore, the request for Electro-Acupuncture, twice weekly for four weeks, is not medically necessary or appropriate.

**Myofascial release:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state this treatment should be an adjunct to other recommended treatments, such as exercise, and it should be limited to four to six visits in most cases. The guidelines state 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. This 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. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms including pain, is promising. The guidelines state massage is a passive intervention and treatment dependence should be avoided, and there is a lack of documentation regarding previous myo release visits. Additionally, the request failed to provide the number of sessions requested. Therefore, the request for myofascial release is not medically necessary or appropriate.

**Infrared:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for infrared is non-certified. The injured worker complains of low back pain. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, PENS units, and biofeedback have no proven efficacy in treating low back symptoms. Insufficient scientific testing exist to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a non-invasive treatment involving electrical stimulation, also known as interferential therapy. At home local applications of heat or cold are as effective as those performed by therapists. The guidelines state home heat applications are as effective as those performed by therapists, and the guidelines do not recommend passive modalities. Therefore, due to the guidelines recommending heat applications at home, the infrared is not warranted at this time. Therefore, the request for infrared is not medically necessary or appropriate.

**Trigger Point Injections (TPI), twice weekly for three weeks: Upheld**

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

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

**Decision rationale:** The injured worker has received previous trigger point injections with good results. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome as indicated with limited lasting value. Trigger point injections are not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back or neck pain. The guidelines' criteria for the use of trigger point injections are documentation of circumscribed trigger point injections with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; and medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants, have failed to control pain. The guidelines state radiculopathy must not be present (by exam, imaging, or neuro testing), and not more than three to four injections per session. 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. The frequency should not be at an interval of less than 2 months, and trigger point injections with any substance other than a local anesthetic with or without steroid are not recommended. There is a lack of documentation regarding effective pain relief and length of time after previous trigger point injections. Additionally, the request for 6 trigger point injections exceeds guideline recommendations. Therefore, the request for TPI, twice weekly for three weeks, is not medically necessary or appropriate.

**Motrin 800mg, thirty count with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The injured worker has been taking this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain with osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations in chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend, for chronic low back pain, NSAIDs as an option for short term symptomatic relief. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Motrin 800 mg, thirty count with five refills, is not medically necessary or appropriate.

**Flexeril 10mg, thirty count with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The injured worker complains of low back and leg pain. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding efficacy and improved function with this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Flexeril 10mg, thirty count with five refills is not medically necessary or appropriate.