

<b>Case Number:</b>	CM14-0153407		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 & 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 56-year-old female who reported an injury on 10/24/2000. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented for a followup visit. She was last seen on 11/20/2013. Her diagnoses were cervical radiculopathy, carpal tunnel syndrome, migraine, therapeutic drug monitor, and insomnia disorder. Prior therapies included medications, a TENS unit, and physical therapy. Upon examination of the cervical spine, there was paraspinal muscle spasm present on the left side that was mild to moderate. There was normal range of motion and tenderness noted over the trapezius. The provider recommended triggerpoint injection for the cervical spine and massage therapy. 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:

**Trigger point injections time s four (4) for the cervical spine:** 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:** The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and is not recommended for radicular pain. Trigger point injections with local anesthetics may be recommended for treatment of chronic low back pain with myofascial pain syndrome when the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than 3 months; (3) Medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDS and muscle relaxants have failed to control pain; (4) Radiculopathy not present and no more than 3 to 4 injections per session. No repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection, and there is documented evidence of functional improvement. There is a lack of evidence in the documentation of physical exam findings of a twitch response upon palpation. The injured worker is diagnosed with cervical radiculopathy, which is an exclusionary criterion for the use of a trigger point injection. As such, medical necessity has not been established. The request for trigger point injections x 4 for the cervical spine is not medically necessary.

**Massage therapy weeks 1 time 4 for the cervical spine:** 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:** The California MTUS recommend massage therapy as an option for treatment as an adjunct to exercise and being 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. There is lack of long term benefits due to short treatment period, and treatments such as these do not address the underlying causes of pain. The provider did not present a clear rationale for the recommendation of massage therapy. Additionally, the amount of prior massage therapy visits the injury worker underwent was not provided. Furthermore, the guidelines state that massage therapy lacks any long term benefits and does not address underlying causes of pain. As such, medical necessity has not been established. The request for massage therapy 1 x 4 for the cervical spine is not medically necessary.