

Case Number:	CM14-0024151		
Date Assigned:	06/11/2014	Date of Injury:	11/09/2009
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Illinois. 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 41-year-old female with reported date of injury on 11/09/2009. The mechanism of injury was noted to be a repetitive motion injury. Her diagnoses were noted to include cervical musculoligamentous sprain/strain with myofascial pain syndrome and thoracic musculoligamentous sprain/strain. Previous treatments included medications, chiropractic care, and a home electrical muscle stimulation unit. The progress report dated 01/02/2014 reported tenderness to palpation with slight spasm and muscle guarding that was present over the bilateral paraspinal musculature and upper trapezius muscles. The provider also reported myofascial trigger points were present in the bilateral upper trapezius muscles. Range of motion testing was performed which noted flexion was 42 degrees, extension was 52 degrees, right rotation was 73 degrees, left rotation was 71 degrees, and right/left lateral flexion was 38 degrees. Range of motion distinct to the thoracic spine was noted as flexion was 53 degrees, right rotation was 24 degrees, and left rotation was 22 degrees. The progress note reported the injured worker had paid out of pocket for chiropractic treatment, which helped with her neck symptoms. The requested authorization form dated 02/06/2014 for chiropractic treatment at a frequency of 2 times per week for 3 weeks due to this pain and increased activities of daily living. The request for authorization form was not submitted for the trigger point injections within medical records. The request is for trigger point injections to the bilateral upper trapezius muscles and left rhomboid musculature quantity 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE BILATERAL UPPER TRAPEZIUS MUSCLES AND LEFT RHOMBOID MUSCULATURE QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 request for trigger point injections to the bilateral upper trapezius muscles and left rhomboid musculature quantity 3 is not medically necessary. The injured worker has received previous trigger point injections that were beneficial. 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 these trigger point injections are documentation of circumscribed trigger points with evidence of palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drug (NSAIDs), and muscle relaxants have failed to control pain, radiculopathy is not present, and no repeat injections unless a greater than 50% pain relief was obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. The injured worker has received trigger point injections in the past; however, there is a lack of documentation regarding 50% efficacy and length of time or evidence of functional improvement regarding the trigger point injections. The injured worker is currently undergoing a home exercise program and attempting to get chiropractic care. Therefore, due to the lack of documentation regarding efficacy of previous trigger point injections and documented evidence of functional improvement, the current request is not medically necessary at this time.

CHIROPRACTIC TREATMENT TO THE NECK AND BACK QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic treatment to the neck and back number 6 is not medically necessary. The injured worker received chiropractic therapy sessions that she paid for out of pocket. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain with an attempted goal or effect to achieve positive symptomatic or objective measurable gains in functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total up to 18 visits over 6 to 8 weeks. The injured worker has received previous chiropractic care that she paid for out of pocket; however, there was no

functional objective improvements documentation submitted. It is also unclear how many previous visits the injured worker has received of chiropractic care, and there is a lack of documentation regarding quantifiable objective functional improvements as well, although she is currently utilizing a home exercise program. Therefore, due to the lack of documentation of quantifiable objective functional improvements and an unknown number of previous chiropractic therapy visits, the request is not medically necessary.