

<b>Case Number:</b>	CM14-0031465		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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:

This 48 year-old patient sustained an injury on 5/26/11 after moving a table while employed by [REDACTED]. Requests under consideration include Lumbar Trigger Point Injection x 1 and Massage Therapy to the Lumbar. Diagnoses include myalgia/myositis; lumbosacral spondylosis without myelopathy; long-term medication use; and sleep disturbances. Report of 12/27/13 from the provider noted the patient with chronic left low back pain; has been very busy through the holidays and was hurting more. She found massage and acupuncture helps her a great deal; last Radiofrequency Ablation procedure was 10 months ago and would like to repeat procedure. Current medications list Cyclobenzaprine, Tylenol Extra Strength, Lansoprazole, and Relafen. Exam showed gait mildly antalgic; tenderness in region concordant with pain; deep palpation resulted in distal radiating of pain; range of motion was diffusely reduced; palpable taut bands in areas of pain; soft tissue dysfunction and spasm in lumbar paraspinal and gluteal region; SLR reproduces radicular symptoms; lumbar lateral rotation and extension reduced in areas of pain; sensation intact. The requests for Lumbar Trigger Point Injection x 1 and Massage Therapy to the Lumbar were not medically necessary on 2/25/14 citing guidelines criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Trigger Point Injection x 1: 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 injection Page(s): 122.

**Decision rationale:** This 48 year-old patient sustained an injury on 5/26/11 after moving a table while employed by [REDACTED]. Requests under consideration include Lumbar Trigger Point Injection x 1 and Massage Therapy to the Lumbar. Diagnoses include myalgia/myositis; lumbosacral spondylosis without myelopathy; long-term medication use; and sleep disturbances. Report of 12/27/13 from the provider noted the patient with chronic left low back pain; has been very busy through the holidays and was hurting more. She found massage and acupuncture helps her a great deal; last Radiofrequency Ablation procedure was 10 months ago and would like to repeat procedure. Current medications list Cyclobenzaprine, Tylenol Extra Strength, Lansoprazole, and Relafen. Exam showed palpable taut bands in areas of pain; however, has noted radicular symptoms with positive SLR. The goal of TPIs is to facilitate progress in physical therapy and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Lumbar Trigger Point Injection x 1 is not medically necessary and appropriate.

**Massage Therapy to the Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Massage Therapy. Page(s): 60.

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

**Decision rationale:** A report of 12/27/13 from the provider noted the patient with chronic left low back pain; has been very busy through the holidays and was hurting more. She found massage and acupuncture helps her a great deal; last Radiofrequency Ablation procedure was 10 months ago and would like to repeat procedure. Current medications list Cyclobenzaprine, Tylenol Extra Strength, Lansoprazole, and Relafen. A exam showed palpable taut bands in areas of pain; however, has noted radicular symptoms with positive SLR. Massage is recommended for time-limited use in sub acute and chronic pain patients, without underlying serious pathology, and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises. This is not the case for this 2011 injury status post significant conservative physical therapy, currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained without functional change for chronic symptoms. A short course may be appropriate during an acute flare-up; however, this has

not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per California MTUS Chronic Pain Guidelines. The massage therapy to the lumbar is not medically necessary and appropriate.