MAXIMUS Federal Services

Case Number:	CM14-0192067		
Date Assigned:	11/25/2014	Date of Injury:	11/02/2011
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, and is licensed to practice in New York. 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 36 year old female with a date of injury of 11/02/2011. She had a motor vehicle accident when her vehicle was struck on the passenger side and she sustained injuries to her head, neck, back, shoulders, knees, arms, ankles and hands. She stopped working on 10/22/2012. She had at least 6 massage visits, 52 physical therapy visits, 16 acupuncture visits and 21 epidural steroid/facet /trigger point injections. On 05/08/2014 she had cervical and lumbar myofascial pain. On 05/29/2014 she had facet steroid injections. On 10/20/2014 she had chronic neck and low back pain that was 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five trigger point injections with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Trigger point injections: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving

trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of 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 three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (Blue Cross Blue Shield, 2004). More than 3 to 4 trigger point injections per session are not recommended. Therefore the request is not medically necessary.

12 message therapy sessions: Upheld

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

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

Decision rationale: For any physical therapy to be approved as medically necessary, there must be a listed diagnosis and body part (example lumbar strain or left shoulder rotator cuff tear) since the maximum allowed therapy visits according to MTUS and ODG is based on the body part injured and the type of injury. As noted on page 300 of ACOEM, chapter 12 low back injuries - massage therapy has no proven efficacy for treating back pain. The same is noted for other chapters 8, 9, 11 and 13 for neck/upper back, shoulder, forearm/wrist/hand and knee complaints respectively. This is a form of passive therapy (as opposed to active, acute, restorative physical therapy) that is not recommended fro a chronic injury. Also, there is a maximum of 4 to 6 massage therapy visits in the acute injury phase together with other therapies and the requested 12 massage visits in a chronic injury is not consistent with MTUS guidelines. Therefore the request is not medically necessary.