

Case Number:	CM15-0240105		
Date Assigned:	12/17/2015	Date of Injury:	03/14/2014
Decision Date:	01/21/2016	UR Denial Date:	12/07/2015
Priority:	Standard	Application Received:	12/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male, who sustained an industrial-work injury on 3-14-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc injury, lumbar degenerative disc disease (DDD), lumbar strain and sprain and myofascial pain syndrome. Treatment to date has included pain medication Tylenol, Mobic, Flexeril, acupuncture at least 6 sessions, physical therapy(unknown amount), epidural steroid injection (ESI) no dates, home exercise program (HEP), diagnostics, and other modalities. Medical records dated 11-11-15 indicate that the injured worker complains of symptoms of pain and discomfort involving the low back and legs. Per the treating physician, report dated 5-28-15 the injured worker has returned to work. The physical exam dated 11-11-15 reveals decreased lumbosacral range of motion, tenderness to palpation of the lumbar spine, and positive straight leg raising test of the bilateral lower extremities (BLE). The physician indicates that he will try chiropractic adjustment to help decrease the pain and discomfort. Additionally recommended trigger point injection for lumbosacral paraspinal musculature as there is myofascial pain syndrome as on exam, there were multiple trigger points at the lumbar paraspinal musculature. The request for authorization date was 11-11-15 and requested services included Myofascial release, 2 times weekly for 4 weeks, lumbosacral spine and Trigger point injection, 2 times weekly for 3 weeks, lumbosacral spine. The medical records do not document any subjective or objective changes. There is no documented evidence in the medical records of objective functional improvement because of the previously rendered treatment therapy. The medical records do not indicate any other active and aggressive conservative treatment or failure of

conservative treatment. The original Utilization review dated 12-7-15 non-certified the request for Myofascial release, 2 times weekly for 4 weeks, lumbosacral spine and Trigger point injection, 2 times weekly for 3 weeks, lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release, 2 times weekly for 4 weeks, lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) / Active release technique (ART).

Decision rationale: CA MTUS guidelines are silent with regard to myofascial release. Per ODG Hip & Pelvis (Acute & Chronic) / Active release technique (ART) manual therapy this treatment modality is: "Under study. While this is one of many possible techniques used in manual therapy, there are no specific high quality published studies to support use of Active Release Technique (ART), although there may be anecdotal information. In general, manual therapy, whether by physical therapists or by chiropractors, is a recommended treatment for many conditions in ODG. ART is a soft tissue massage technique developed and patented by [REDACTED]. It is most commonly used to treat conditions related to adhesions or scar tissue in overused muscles. According to ART practitioners, as adhesions build up, muscles become shorter and weaker, the motion of muscles and joints are altered, and nerves can be compressed. As a result, tissues suffer from decreased blood supply, pain, and poor mobility. The goal of ART is to restore the smooth movement of tissues and to release any entrapped nerves or blood vessels. In an ART treatment, the provider uses his or her hands to evaluate the texture, tightness and mobility of the soft tissue. Using hand pressure, the practitioner works to remove or break up the fibrous adhesions, with the stretching motions generally in the direction of venous and lymphatic flow. In the first three levels of ART treatment, the practitioner does movement of the patient's tissue. In level four, however, ART requires the patient to actively move the affected tissue in prescribed ways while the practitioner applies pressure. Involvement of the patient is seen as an advantage of ART, as people who are active participants in their own healthcare are believed to experience better outcomes. The application of ART specifically to treat groin strains may be of benefit in increasing pain thresholds, but further research is required to validate the therapeutic effect of ART. (Robb, 2011)" In this case the proposed myofascial release is not recommended per ODG guidelines. Thus, its use is not medically necessary.

Trigger point injection, 2 times weekly for 3 weeks, lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, defines a trigger point as "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." The guidelines continue to define the indications for trigger point injections, which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case, the exam notes from 11/11/15 do not demonstrate a physical examination that shows "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." This patient has radicular pain and typical back pain. Therefore, the trigger point injection is not medically necessary.