

<b>Case Number:</b>	CM14-0217962		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 37 year old female with work related injuries to the neck, bilateral shoulders, bilateral wrists and low back, sustained in a motor vehicle accident on 11/02/2011. Per the Primary Treating Physician's Progress Report (PR2) dated 12/01/2014 the injured worker reported pain in the neck and upper back with associated headache. She reported trouble sleeping. Objective physical examination revealed decreased range of motion and pain in the cervical spine. There is tenderness to palpation of the paraspinals. Diagnoses included chronic neck pain, cervical myofascial pain, chronic low back pain and cervical disc bulge. The plan of care included medications and a request for massage therapy. Work Status is temporarily totally disabled. On 11/03/2014 a request was made for cervical trigger point injections with sedation. On 12/12/2014, Utilization Review non-certified a prescription for 5 trigger point injections with sedation and 12 massage therapy sessions because the proposed treatment does not meet medical necessity guidelines. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The patient is a 37 year-old female with a 11/02/2011 date of injury. The 10/20/14 pain management report states the patient presents with neck pain that radiates to the shoulders, and also has chronic back pain. Exam shows positive tender trigger points paracervical muscles, trapezius muscles bilaterally and latisimuis dorsi and levator scapulae, tender trigger pints are scattered. The physician requests repeat trigger point injections but does not provide details on where these are planned. The 8/7/14 report states the patient had trigger point injections on 7/31/14. The 8/7/14 report does not provide objective findings to show efficacy of the trigger point injections and the patient still has constant , neck, upper back, low back pain and diffuse tenderness. On 12/12/14 utilization review denied a request for trigger point injections stating the patient had prior trigger point injections without evidence of 50% improvement, and had 52 sessions of PT, but there was no indication that it failed to control pain. Massage therapy was denied because the request exceeds the MTUS limit.MTUS Chronic Pain Medical Treatment Guidelines, for trigger point injections, pg122, Criteria for Trigger point injections states the patient must meet all of the criteria including: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Not more than 3-4 injections per session; Radiculopathy is not present; 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.The patient does not meet the MTUS criteria for trigger point injections x5. MTUS recommends no more than 3-4 injections. There is no mention of twitch response or referred pain on palpation; the patient was reported to cervical radiculopathy, and lumbar radicular symptoms; and there is no evidence that prior trigger point injections reduced pain by 50% for 6-weeks. The request for 5 Trigger point injections IS NOT medically necessary.

**12 sessions of massage therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** The patient is a 37 year-old female with a 11/02/2011 date of injury. The 10/20/14 pain management report states the patient presents with neck pain that radiates to the shoulders, and also has chronic back painThe physician has requested 12 sessions of massage therapy. MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases.The request for 12 sessions of massage therapy exceeds the MTUS recommended limit of 4-6 sessions. The request for 12 sessions of massage therapy, IS NOT medically necessary.

