

Case Number:	CM15-0012067		
Date Assigned:	01/29/2015	Date of Injury:	01/28/2010
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 1/28/10. The injured worker is complaining of right buttock ache that is constant and is aggravated by walking and sitting. He complains of low mid back pain that radiates upwards to the neck and increases when he is tired and upper mid back pain radiated up to his neck and is aggravated by the use of his left arm. The diagnoses have included lumbosacral strain and cervicothoracic strain. Treatment to date has included medications; analgesics; physical therapy; acupuncture; right hip X-ray on 2/2/10 was normal; Magnetic Resonance Imaging (MRI) of the lumbar spine on 7/13/10 showed no central canal or foraminal stenosis, no evidence of disc herniation or acute compression fracture, and mild degenerative facet changes of the lower lumbar spine. According to the utilization review performed on 12/26/14, the requested 6 Massage therapy sessions and 1 series of trigger point injections for left trapezius muscles has been non-certified. The current evidence based guidelines recommend massage therapy as an option in conjunction with other treatments with use limited to 6 sessions. Criteria/Guidelines Applied was for massage/myotherapy and the CA Chronic Pain Medical Treatment Guidelines (May2 009) and criteria for the use of Trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

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

Decision rationale: The California chronic pain medical treatment guidelines section on myofacial/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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up.Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain.(Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007)Massage therapy is a recommended treatment option for chronic pain per the California MTUS. However, the recommended amount of visits is 4-6 sessions. The request is within these parameters and thus is approved.

1 series of trigger point injections for left trapezius muscles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

Decision rationale: The California chronic pain medical treatment guidelines section on trigger point injections states: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 upto 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) (BlueCross BlueShield, 2004) The provided documentation meets criteria for the use of trigger point injections per the California MTUS. The request is certified.