

Case Number:	CM15-0062877		
Date Assigned:	04/08/2015	Date of Injury:	03/10/2014
Decision Date:	06/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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

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:

The injured worker is a 27-year-old male, who sustained an industrial injury on 03/10/2014. He has reported injury to the neck and upper back. The diagnoses have included cervical spine sprain/strain; thoracic spine sprain/strain; and myofascial pain syndrome. Treatment to date has included medications, diagnostics, injections, acupuncture, and physical therapy. Medications have included Naprosyn, Robaxin, and cyclobenzaprine. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the cervical and thoracic areas, as well as the posterior shoulders; pain level is rated at 6/10 on the visual analog scale; and states that the trigger point injections he received were helpful. Objective findings included discrete tender trigger points over the neck and posterior shoulders upon palpation. The treatment plan has included the request for Myofascial release, deep tissue release for the thoracic spine; Robaxin 500 mg #30 with 4 refills; cyclobenzaprine 10 mg #30; and for trigger point injections to the bilateral trapezii. He has stopped Flexeril. The request for authorization is dated 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release, deep tissue release for the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for Myofascial release, deep tissue release for the thoracic spine is not supported. The injured worker has a history of cervical and thoracic pain. The California MTUS Massage Therapy which would support a short course of massage therapy; however, the medical necessity of the request was unable to be established in the request. There is lack of objective functional deficit as it relates to the thoracic spine. There was a lack of documentation was seen for the duration within the request. As such, the request is not medically necessary.

Robaxin 500mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The request for Robaxin 500mg #30 with 4 refills is not supported. The injured worker has a history of cervical and back pain. The California MTUS Guidelines state muscle relaxants are for pain. There is lack of documentation of objective deficits as it relates to the thoracic spine. There is lack of documentation of spasms within the physical exam. The guidelines do not support the long-term use of muscle relaxants. There is lack of frequency provided within the request. Refills are not supported. As such, the request is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for Cyclobenzaprine 10mg #30 is not supported. The injured worker has a history of cervical and thoracic back pain. The California MTUS Guidelines state muscle relaxants are for pain. There is lack of documentation of objective deficits as it relates to the thoracic spine. There is lack of documentation of spasms within the physical exam. The guidelines do not support the long-term use of muscle relaxants. There is lack of frequency provided within the request. Refills are not supported. As such, the request is not medically necessary.

Trigger point injections to the bilateral trapeziua: 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 injections Page(s): 122.

Decision rationale: Trigger point injections to the bilateral trapeziua is not supported. The injured worker has a history of cervical and thoracic pain. The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. They are not recommended for radicular pain. There was a lack of documentation of discrete focal tenderness located in a palpable taut band of the skeletal muscle, which produces a local twitch in response to stimulation to the band and a known 50% pain relief obtained for 6 weeks after an injection and functional improvement to warrant a repeat injection. The lack of documentation of functional deficit to the thoracic spine. As such, the request is not medically necessary.