

<b>Case Number:</b>	CM15-0073853		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 25 year old woman sustained an industrial injury on 3/1/2012. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays. Diagnoses include cervicgia, lumbago, headaches, complex regional pain syndrome of the left upper extremity, chronic pain syndrome, tremors, and allodynia. Treatment has included oral and topical medications, spinal cord stimulator, and surgical intervention. Physician notes dated 2/18/2015 show complaints of incisional pain tot eh low back and tremors. Recommendations include refill of ReQuip, Topamax, and lidocaine gel, urinalysis, re-programming of the spinal cord stimulator, continue home exercise program, and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly, cervical/lumbar spine, bilateral arms, per 3/4/15 order:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for 6 weeks to the cervical/lumbar and bilateral arms per March 4, 2015 order is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicgia; lumbago; myalgias; headache; complex regional pain syndrome left extremity; chronic pain syndrome; opiate dependence; tremors; hypersensitivity; hives with possible allergic reaction to lidocaine. Progress note dated March 4, 2015, subjectively, states the engine worker has paid all over the body area to develop urticaria in the legs trunk and upper extremities. Objectively, heart and lungs were unremarkable with tenderness of palpation over the cervical trapezius and lumbar paraspinal muscles. There is no neurologic evaluation. The documentation states the injured worker was slated to begin physical therapy in January 2015 and then transition to a home exercise program. There is no documentation of prior physical therapy in the medical record. There is no documentation of objective functional improvement with physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy to date) with compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week for six weeks to the cervical/lumbar spine and bilateral arms for March 4, 2015 order is not medically necessary.

**Myofascial release, twice weekly, cervical/lumbar spine, bilateral arms, per 3/4/15 order:**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Massage.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, myofascial release twice weekly for 6 weeks, cervical/lumbar spine, bilateral arms, per March 4, 2015 is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are cervicgia; lumbago; myalgias; headache; complex regional pain syndrome left extremity;

chronic pain syndrome; opiate dependence; tremors; hypersensitivity; hives with possible allergic reaction to lidocaine. Progress note dated March 4, 2015, subjectively, states the engine worker has pain all over the body area to develop urticaria in the legs trunk and upper extremities. Objectively, heart and lungs were unremarkable with tenderness of palpation over the cervical trapezius and lumbar paraspinal muscles. There is no neurologic evaluation. The documentation states the injured worker was slated to begin physical therapy in January 2015 and then transition to a home exercise program. There is no documentation of prior physical therapy in the medical record. There is no documentation of objective functional improvement with physical therapy. Massage therapy should be limited to 4-6 visits in most cases. There is no documentation in the medical record indicating whether the worker received prior massage therapy (myofascial release therapy). The treating physician requested myofascial release twice weekly for six weeks. The treating provider requested 12 sessions of massage therapy. This is in excess of the recommended guidelines for massage therapy. Consequently, absent documentation with prior massage therapy (if any) and guideline recommendations limiting massage therapy to 4 - 6 visits (in most cases), myofascial release twice-weekly for 6 weeks, cervical/lumbar spine, bilateral arms per March 4, 2015 is not medically necessary.

**Electrical stimulation, twice weekly, cervical/lumbar spine, bilateral arms, per 3/4/15 order:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, electric stimulation twice-weekly for six weeks, cervical/lumbar spine, and bilateral arms per the March 4, 2015 order is not medically necessary. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical stimulation (TENS) unit and biofeedback. These palliative tools may be used on a trial basis should be monitored closely. Emphasis should focus on functional restoration and return of patients to normal daily living. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervicgia; lumbago; myalgias; headache; complex regional pain syndrome left extremity; chronic pain syndrome; opiate dependence; tremors; hypersensitivity; hives with possible allergic reaction to lidocaine. Progress note dated March 4, 2015, subjectively, states the engine worker has pain all over the body area to develop urticaria in the legs trunk and upper extremities. Objectively, heart and

lungs were unremarkable with tenderness of palpation over the cervical trapezius and lumbar paraspinal muscles. There is no neurologic evaluation. The documentation states the injured worker was slated to begin physical therapy in January 2015 and then transition to a home exercise program. The documentation does not state what location/anatomical region is to be treated with electric stimulation. Additionally, the ACOEM states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as transcutaneous electrical stimulation (TENS) unit. Consequently, absent guideline recommendations for electric stimulation (TENS), electric stimulation twice-weekly for six weeks cervical/lumbar spine, bilateral arms per the March 4, 2015 order is not medically necessary.