MAXIMUS Federal Services

Case Number:	CM13-0011984		
Date Assigned:	03/10/2014	Date of Injury:	05/22/2012
Decision Date:	04/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 41-year-old male with a 5/22/12 date of injury. At the time (7/15/13) of request for authorization for myofascial therapy x 8 for neck, there is documentation of subjective (neck pain and headaches) and objective (decreased cervical spine range of motion and evidence of trigger points with twitch response) findings, current diagnoses (myofascial pain and severe myotension headache), and treatment to date (physical therapy, acupuncture treatment, chiropractic treatment, and medications). There is no documentation of massage used in conjunction with an exercise program. In addition, the proposed number of sessions exceeds guidelines (for an initial trial of 6 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL THERAPY X 8 FOR NECK: 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 Section Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation (ODG), Section Neck and Upper Back, Massage.

Decision rationale: The MTUS guidelines identify documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. The ODG guidelines identify documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of an initial trial of 6 visits of massage therapy. In addition, the ODG guidelines recommend a limited course of physical therapy for patients with a diagnosis of cervical strain not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of myofascial pain and severe myotension headache. In addition, there is documentation of objective functional deficits and functional goals. However, the proposed number of sessions exceeds guidelines (for an initial trial of 6 visits). In addition, there is no documentation of massage used in conjunction with an exercise program. Therefore, based on guidelines and a review of the evidence, the request for myofascial therapy x 8 for neck is not medically necessary.