

Case Number:	CM13-0034339		
Date Assigned:	12/06/2013	Date of Injury:	01/13/2004
Decision Date:	02/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery, has a subspecialty in Reconstructive Surgery, and is licensed to practice in Texas and West Virginia. 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:

The patient is a 60-year-old injured worker who reported an injury on 01/13/2004. The patient is diagnosed with neck pain and displacement of cervical intervertebral disc without myelopathy. The patient was seen by [REDACTED] on 11/14/2013. Physical examination revealed tenderness over the left and right lateral neck and bilateral trapezius, spasm to the left trapezius muscles and upper back, limited range of motion, and positive compression testing. Treatment recommendations included continuation of current medication, continuation of a TENS unit, and myofascial treatment massages every week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial treatment massages, weekly, quantity 12: 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 Page(s): 60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state massage therapy is recommended as an option for specific indicates. Treatment should be in adjunct to other recommended treatment and it should be limited to 4 to 6 visits in most cases.

As per the clinical notes submitted, the patient has completed a previous course of massage therapy. Despite ongoing treatment, the patient continues to report 6/10 pain. The patient continues to demonstrate limited range of motion, tenderness to palpation, and spasm. Satisfactory response to therapy has not been indicated. Therefore, ongoing treatment cannot be determined as medically appropriate. Furthermore, the request for 12 sessions of massage therapy greatly exceeds guideline recommendations. The request for myofascial treatment massages, weekly, quantity 12, is not medically necessary and appropriate.

Norflex 100mg: 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 Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The patient continues to demonstrate spasm to the left trapezius muscle and upper back. Satisfactory response to treatment has not been indicated. The request for Norflex 100mg, is not medically necessary and appropriate