

Case Number:	CM13-0059478		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2004
Decision Date:	05/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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/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 injured worker is a 60 year-old female who reported an injury on 01/13/2004 and the mechanism of injury was from pushing. The injured worker has had chronic neck pain since her injury. The current diagnosis is neck pain and displacement of cervical intervertebral disc. The clinical note dated 10/04/2013 indicated the injured worker was in for a follow up visit for her chronic neck pain. She reported that she had completed 4/4 approved myofascial treatment massages which had helped to decrease her pain, sleep more restful and relaxed her muscles. Her last session was 10 days prior and she indicated that the spasms and tightness is returning. It is noted that the therapist indicated that she had made good progress with the 4 sessions but waiting for approval for additional sessions due to her relapse. The recommendation was for another 12 sessions. On the physical exam of the neck, the injured worker had pain elicited over the left/right lateral neck and right trapezius and spasms to the left trapezius muscle and upper back. The neck range of motion with extension 20 degrees, flexion 40 degrees, left rotation was 45 degrees and right rotation was 45 degrees. The injured worker's medications included Lyrica, Norflex and Tylenol with codeine. The current request is for 6 myofascial treatment massages.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MYOFASCIAL TREATMENT MASSAGES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section Page(s): 60.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that massage therapy treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The documentation reviewed indicated the injured worker had received 4 sessions of myofascial treatment massages and they had helped to decrease her pain, sleep more restful and relaxed her muscles. The documentation also noted that her last session was 10 days prior and she indicated that the spasms and tightness were returning. The documentation failed to indicate if the patient was receiving any other kind of physical therapy for the pain. Therefore, due to the patient already completing 4 session of myofascial treatment massages and the request if for 6 additional sessions it will exceed the treatment guidelines. The request for 6 myofascial treatment massages is not medically necessary.