

Case Number:	CM14-0014684		
Date Assigned:	02/28/2014	Date of Injury:	04/11/2007
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 patient is a 45-year-old female with a 4/11/07 date of injury. Treatment to date has included PTx6, activity modification, occipital nerve block, Botox injection, TENS unit, psychological treatment, and medication. 1/7/14 progress note documented a request for medication refill. The patient reported increased headaches. Clinically there is tenderness in the cervical spine and treatment plan discussed physical therapy treatment and massage therapy. 2/27/14 Supplemental report discussed following a fume exposure, and a diagnosis of asthma. There was discussion of Sjogren syndrome. The patient has complaints of headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Medical necessity for the requested PT is not established. The patient has complaints of pain in the cervical spine and headaches. The request for PT was modified from the requested 12 sessions to 2 sessions to allow for functional improvement and/or a decrease in

pain, re-education in home exercise program. The patient has had PT in the past, however there is no documentation of functional improvement. CA MTUS requires a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan; as well as functional improvement from prior treatment. This has not been documented and the request remains unsubstantiated.

MASSAGE THERAPY X 6 CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation ACOEM Guidelines, Pain, Suffering and the Restoration of Function Chapter, page 114.

Decision rationale: Medical necessity for the requested massage therapy is not established. CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Extent and duration of prior conservative treatment has not been discussed and it is unclear if the patient is participating in a home exercise program. Massage therapy, as a primary treatment modality is not supported. The request is not substantiated and not medically necessary.