

Case Number:	CM14-0131176		
Date Assigned:	08/20/2014	Date of Injury:	02/05/2008
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/16/2014

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 & Rehabilitation 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 sustained a work-related injury on 2/5/08. On the most recent follow-up visit on 7/10/14 the patient presented with neck, upper extremities and low back pain. Previous treatments included home exercises and deep myofascial therapies which were beneficial. On exam there was normal contour of the cervical spine. There was tenderness to palpation and tightness over the neck, posterior shoulders, upper extremities and lower back. Motor and sensor examination were intact. Adson's test was positive, right greater than the left. Six sessions of deep tissue trigger point massage spread over the next 3 to 6 months were recommended to help maintain functionality. [REDACTED] exercises were advised to be continued. She was also advised to continue Lidoderm patch and Norco 5/325 mg. Diagnoses include degenerative cervical disease, myofascial pain syndrome, and low back strain with myofascial pain. The myofascial therapy was requested to address the large myofascial pain and address the trigger points over the neck, upper extremities and low back as especially the patient reportedly found this treatment to be helpful in preventing the pain from getting worse. The request for myofascial therapy x 6 sessions for lumbar and cervical spine was denied due lack of medical necessity on 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy x 6 sessions Lumbar, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 58-59.

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy. CA MTUS - Physical Medicine; allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW had unknown number of myofascial therapy with no record of progress notes, documenting any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of the modality in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.