

Case Number:	CM14-0033292		
Date Assigned:	06/20/2014	Date of Injury:	10/23/1995
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Management 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:

This is a female patient with the date of injury of October 23, 1995. A Utilization Review was performed on March 4, 2014 and recommended modification of myofascial therapy two (2) times per month to six (6) myofascial therapy sessions over a period of twelve (12) months. A Progress Report dated February 20, 2014 identifies Interim History of significant pain in the muscular areas that flares up with repetitive activities. Objective Findings identify tenderness to palpation at the paracervical region over the trapezius. There are numerous tender points and taut bands and mild spasms. She continues to have diminished sensation of the left thumb and index finger of the left hand compared to the right hand. Diagnoses identify cervical strain with radiculopathy and chronic myofascial pain syndrome. Treatment Plan identifies the patient would benefit from continued myofascial therapy to keep flare-up to a minimum. Request is made for 24 visits of myofascial therapy 2 times a month for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy 2 times per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for myofascial therapy 2 times a month for 12 months, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. In the absence of clarity regarding those issues, the currently requested myofascial therapy 2 times a month for 12 months is not medically necessary.