

Case Number:	CM14-0024759		
Date Assigned:	06/20/2014	Date of Injury:	09/24/2012
Decision Date:	02/06/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 42 year old patient with date of injury of 09/24/2012. Medical records indicate the patient is undergoing treatment for repetitive strain injury and myofascial pain syndrome, neck and bilateral upper extremities, multiple nerve irritabilities and very mild bilateral carpal tunnel syndrome. Subjective complaints include pain in neck radiating to bilateral upper extremities, right greater than left, rated 07/10. Objective findings include discrete tender trigger points over the neck, posterior shoulders and upper extremities. An EMG on 10/31/2013 revealed very mild bilateral carpal tunnel syndrome. Treatment has consisted of physical therapy, acupuncture and wearing a splint at night. The utilization review determination was rendered on 02/19/2014 recommending non-certification of Myofascial therapy (x6) and Biofeedback treatment (x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy (x6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy.

Decision rationale: MTUS states regarding massage therapy, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Medical documentation provided indicates that this patient has attended a course of physical therapy and is actively participating in a home exercise program. The treating physician has indicated that this patient has discrete tender trigger points over the neck, posterior shoulder and upper extremities, the requested therapy addresses deep layers of the muscle fascia as well as connective tissue. The subjective and objective findings indicate that this patient may benefit from the requesting therapy and the request is within guideline recommendations. As such, the request for Myofascial therapy (x6) is medically.

Biofeedback treatment (x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT), Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Biofeedback therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24 and 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback.

Decision rationale: MTUS states that biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." The treating physician does not indicate that the patient is participating in cognitive behavioral therapy. ODG also does not recommend biofeedback, but does state that it "may be useful in the initial conservative treatment of acute cervical symptoms". The current symptoms are chronic in nature and would not meet ODG's recommendation of utilizing biofeedback for acute cervical symptoms. As such, the request for Biofeedback treatment (x6) is not medically indicated.