

Case Number:	CM14-0213146		
Date Assigned:	12/30/2014	Date of Injury:	01/01/2014
Decision Date:	05/08/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 30 year old female who sustained an industrial injury on 01/01/2014. She reported neck, mid back, arms and shoulder pain with numbness in the hands. The injured worker was diagnosed as having cervical spine sprain/strain, thoracic spine sprain/strain, cervicobrachial myofascial pain syndrome and chronic pain. Treatment to date has included physical therapy medications, and diagnostic testing. Currently, the injured worker complains of pain in the mid-back, neck, arms, and shoulder pain with numbness in the hands. Treatment plans include medications, temporarily totally disabled, physical therapy, exercise and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy/myotherapy Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 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 massage therapy, 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, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Additionally, there is no indication as to the frequency and duration of a massage therapy trial. Guidelines do not support the open-ended application of any modalities, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.