MAXIMUS Federal Services

Case Number:	CM15-0109257		
Date Assigned:	06/16/2015	Date of Injury:	01/07/2015
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 is a 58 year old male, who sustained an industrial injury on 1/7/2015. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 5/21/2015, the injured worker complains of neck cramping radiating to the bilateral upper extremities-left greater than right and upper and lower back pain, rated 3/10 Physical examination showed reduced lumbar and cervical range of motion with tenderness to palpation. The treating physician is requesting self trigger point therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self trigger point therapy (TPT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities. The current request is for self trigger point therapy (TPT). The treating physician report dated 6/10/15 (6C) states, "Would benefit from further self TPT." The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. It is unclear in the medical reports provided if the patient has received prior massage therapy visits. In this case, the current request does not specify a quantity of TPT sessions to be prescribed to the patient so it is unclear if the request exceeds the 4-6 visits supported by the MTUS. Furthermore, the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.