

Case Number:	CM15-0165312		
Date Assigned:	09/02/2015	Date of Injury:	02/17/1997
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

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 is a 61 year old female, who sustained an industrial injury on 2-17-97. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine C5-C6 radiculopathy; neurologin-neuritis; myofascial pain syndrome; neck injury. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-23-15 are hand written and difficult to decipher. The notes indicated the injured worker complains of pain down the right side of her neck with burning, tightness, and feels like her neck is tilted to the left. He documents tightness at the periscapular and trapezius muscles on the right and notes she is in pain and will use myofascial release treatments since NSAIDs caused a rash and Flexeril and Klonopin makes her tired. The physical therapy notes submitted indicted she has had multiple myofascial release treatments in 2015. The provider is requesting authorization of Myofascial therapy for the cervical spine and lumbar spine times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy for the cervical spine and lumbar spine Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic).

Decision rationale: The claimant has a remote history of a work injury occurring in February 1997 and continues to be treated for headaches and neck and upper back tightness. Treatments have included myofascial therapy with completion of four of six planned treatments as of 05/15/14 and, more recently, eight of nine subsequently planned treatments as of 04/07/15. When seen, she was having right-sided burning and tightness. She felt that her neck was tilted towards the left side. Physical examination findings included tight periscapular and trapezius muscles with fair range of motion. Medications are referenced as causing side effects. Authorization for additional myofascial release therapy was requested. Myofascial release is a form of passive manual therapy. Massage therapy is a similar passive treatment which should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In terms of physical therapy treatment for chronic pain, the number of additional visits requested is in excess of that recommended. Providing the number of requested additional skilled therapy services would not reflect a fading of skilled therapy services and could promote further dependence on therapy provided treatments. The request is not medically necessary.