

Case Number:	CM15-0165816		
Date Assigned:	09/03/2015	Date of Injury:	10/29/2001
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
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 43 year old female who sustained an industrial injury on October 29, 2001. She is employed as a school teacher. A primary treating office visit dated July 07, 2015 reported subjective complaint of right sided neck, scapula and arm pains. She states taking Ibuprofen for the pain. She also has received medial branch blocks at right C3-C6 with noted 80% relief of symptom for a couple of hours and pain returned. The plan of care noted recommending radiofrequency rhizotomy; massage therapy sessions, and trigger point injections treating the right upper trapezius. Previous treatment modality included: activity modification, oral medication, chiropractic care, acupuncture session, injections, H-wave unit, topical medication, home exercises. The impression found the worker with right C3-4 and C4-5 facet syndrome; right occipital neuralgia; right C5-C6 hypertrophy contributing to mild right neural foraminal narrowing contributing to right C-6 radicular pain. She is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic massage x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for chronic right-sided neck, right scapular, and right arm pain. When seen, there had been improvement after right-sided cervical medial branch blocks. Physical examination findings included pain with cervical range of motion consistent with facet mediated pain. There was right cervical facet, occipital, and trapezius tenderness with trapezius muscle trigger points. There was decreased finger extension strength bilaterally. Authorization for cervical radiofrequency ablation was requested as well as for trigger point injections and therapeutic massage. The claimant is performing a home exercise program. Massage therapy is recommended as an option. It 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 this case the number of treatment sessions is consistent with guideline recommendations and would be an adjunctive treatment with the claimant's current home exercise program. The request is medically necessary.