

Case Number:	CM15-0194655		
Date Assigned:	10/08/2015	Date of Injury:	02/20/2015
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 54 year old female, who sustained an industrial injury on 02-20-2015. She has reported subsequent neck and back pain and was diagnosed with cervical sprain and strain with regional myofascial pain, low back pain with regional myofascial pain and lumbosacral disc degeneration. Treatment to date has included pain medication and at least 17 visits of physical therapy, which were noted to have failed to significantly relieve the pain. The physician noted that physical therapy helped with muscle spasms but not with pain. In a progress note dated 09-23-2015, the injured worker reported constant diffuse neck pain involving the top of both shoulders that was rated as moderate to severe with complaints of bilateral upper extremity paresthesias of right greater than left radiating to the fingertips with occasional weakness of the right hand. Objective examination findings revealed a slow and cautious gait, decreased range of motion of the lumbar spine at least 50% in all directions due to pain and guarding, decreased range of motion of the cervical spine by 30% in all directions due to pain and guarding, diffuse myofascial pain of the neck, shoulder girdle, low back and hip girdle and reproduction of pain to palpation in those areas. The physician noted that the findings appeared to be soft tissue, myofascial in nature and that the injured worker could benefit from a focused treatment for myofascial pain and trigger point work. Work status was documented as modified, however the injured worker was noted to be out of work since she had exhausted her modified duty. A request for authorization of myofascial therapy lumbar and cervical once a week for eight weeks was submitted. As per the 09-28-2015 utilization review, the request for myofascial therapy lumbar and cervical once a week for eight weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy lumbar and cervical once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back Procedure Summary.

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

Decision rationale: This request falls under the heading of manual therapy and massage. As per MTUS guidelines, it recommends a trial of 4 sessions concurrent with active therapy. This request exceeds guidelines recommendation and there is no documentation of any additional active therapy or exercise. The request is not medically necessary.