

Case Number:	CM15-0021999		
Date Assigned:	02/11/2015	Date of Injury:	08/09/1996
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey
 Certification(s)/Specialty: Chiropractor

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 female who reported an injury on 08/09/1996. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with cervical spinal stenosis, carpal tunnel syndrome, obesity, essential hypertension and diabetes with peripheral circulatory disorder. On 01/21/2015, the injured worker presented for a followup evaluation with complaints of neck and left shoulder discomfort without radiating pain. It was noted that the injured worker had chronic neck and shoulder pain associated with cervical spondylosis, status post C6-7 fusion. The injured worker has been worked up with several cervical x-rays, which revealed severe degenerative changes at C6-7. Left shoulder x-rays have been unremarkable. Electrodiagnostic studies revealed moderate right median neuropathy. The injured worker reported an improvement in symptoms with application of massage and medications. Upon examination, there was limited cervical flexion at 30 degrees, extension at 20 degrees, bilateral rotation at 60 degrees, negative Spurling's maneuver, normal motor strength and 1 to 2+ deep tendon reflexes. Recommendations included continuation of Zanaflex 2 mg, as well as physical therapy for Hellerwork treatment once per week for 3 months. The injured worker was instructed to continue with the home exercise regimen. It was also noted that the injured worker was not a surgical candidate and has had symptoms refractory to physical therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hellerwork once weekly for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Neck and upper back last updated on 11/18/14.

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

Decision rationale: California MTUS Guidelines state massage therapy is recommended as an option as indicated. Treatment should be an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. In this case, the injured worker has been previously treated with massage therapy. However, the total amount of sessions completed is unknown. Additionally, there was no evidence of significant functional improvement. Given the above, the request is not medically appropriate at this time.