MAXIMUS Federal Services

Case Number:	CM15-0026774		
Date Assigned:	02/19/2015	Date of Injury:	01/31/2013
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 30 year old female sustained an industrial injury to the head on 1/31/13. The injured worker was diagnosed with mild traumatic brain injury. Treatment plan included medications, growth hormone therapy, neuro-psychological testing, physical therapy, acupuncture and cognitive behavior therapy. In a Qualified Medical Evaluation dated 12/19/14, the injured worker complained of ongoing headaches, neck pain, back pain, photophobia, mild insomnia and vestibular problems. In a PR-2 dated 1/20/15 the physician recommended twelve sessions physical therapy, twelve sessions of myofacial massage and twelve sessions of chiropractic therapy for pain control and to improve function. On 2/4/15, Utilization Review noncertified a request for Myofascial Massage 1 times a week for 12 weeks cervical spine citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Massage 1 times a week for 12 weeks cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60. Decision based on Non-MTUS Citation Pain section, Massage

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, myofascial massage one time per week times 12 weeks to the cervical spine is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). The recommended frequency and duration of treatment are 1 to 2 times per week for an optimum duration of six weeks. See the guidelines for details. In this case, the injured worker's working diagnoses are chronic headaches; postconcussion syndrome; myofascial pain syndrome; pain disorder, psychological; insomnia due to persistent pain; and chronic neck pain, degenerative cervical spondylosis. The documentation in the medical record contains a prescription for myofascial massage times six dated October 7, 2014. There is no follow-up documentation indicating whether the myofascial massage was authorized or denied. The treating physician is now requesting myofascial massage times 12. The recommended frequency and treatment for massage therapy is one to two times per week for an optimum duration of six weeks. The guidelines recommend massage therapy with a combined active intervention. An additional request for physical therapy was submitted, but at the time of the request there was no active intervention (exercise) in place. Consequently, absent clinical documentation of prior myofascial massage therapy with evidence of objective functional improvement with a concurrent active intervention, myofascial massage one time per week times 12 weeks to the cervical spine is not medically necessary.