

Case Number:	CM15-0037540		
Date Assigned:	03/05/2015	Date of Injury:	09/20/2012
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 reported injury on 09/20/2012. The mechanism of injury was not provided. Prior therapies included physical therapy and acupuncture. The physical therapy included soft tissue mobilization. There was a Request for Authorization submitted for review dated 01/28/2015. The documentation of 01/22/2015 revealed the injured worker had problems with her left upper extremity. The recommendation was for a functional restoration program and treatment of myofascial pain. Additionally, there was noted to be recommendation for depression and hopelessness. The physical examination revealed discrete tender trigger points over the neck and posterior shoulders. The diagnoses included degenerative cervical disc disease with radiculopathy, myofascial pain syndrome, and chronic pain syndrome. The treatment plan included 6 sessions of myofascial therapy, deep tissue trigger point massage to address large myofascial pain component of the symptoms, and a multidisciplinary evaluation for functional restoration program. It was noted the injured worker was not a candidate for surgery or other invasive interventions and was to avoid additional options of surgery due to a fear of complication or further delays in recovery. There was noted to be documented loss of functional ability with medically reasonable potential for improved performance and functional capacity. Additionally, the documentation indicated the injured worker could start with nortriptyline 10 mg 1 to 3 at bedtime as needed pain. It was noted this would be for both pain and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy six sessions to the neck/upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend massage therapy that is limited to 4 - 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The clinical documentation submitted for review indicated the injured worker had undergone tissue massage during physical therapy treatments. There was a lack of documentation of exceptional factors as beneficial effects were registered during treatment and not post treatment. Given the above, the request for myofascial therapy six sessions to the neck/upper extremity is not medically necessary.

Functional restoration program multidisciplinary evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement. The clinical documentation submitted for review indicated the injured worker had depression. The injured worker had discrete tender points over the neck and posterior shoulders. Motor sensation was intact. The request was made for a functional restoration program evaluation, not entrance into the functional restoration program. The documentation indicated the injured worker had documented loss of functional ability, and there was an expectation for improved performance and functional capacity. Additionally, the documentation indicated the injured worker was not a candidate for surgery or other invasive interventions, or the injured worker wished to avoid additional options of surgery due to fear of complication or further delays in recovery. The documentation indicated both the injured worker was not a candidate for or that the injured worker wished to avoid additional options of surgery, there was a lack of a clear documentation indicating the injured worker was not a candidate for surgery, and as such, this request would not be supported. Given the above, the request for functional restoration program multidisciplinary evaluation is not medically necessary.