

Case Number:	CM15-0038128		
Date Assigned:	03/06/2015	Date of Injury:	08/11/2012
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/28/2015

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, Arizona
 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 68-year-old male who reported an injury on 08/11/2012. The mechanism of injury was not stated. The current diagnoses include spinal stenosis in the cervical region, degeneration of lumbar intervertebral disc, tension headache, myositis, cervical spondylosis, rotator cuff syndrome, degeneration of cervical intervertebral disc, and muscle spasm. The injured worker presented on 01/27/2015 with complaints of neck and low back pain. The injured worker was utilizing ibuprofen 800 mg and Zanaflex 4 mg. Upon examination, there was a normal gait and posture, 2+ deep tendon reflexes, and intact coordination. Recommendations at that time included myofascial release with home exercise instructions. 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:

Myofascial Therapy 2 x 3 weeks to include HEP instructions for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 58, 98 and 99.

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. Treatments should be in adjunct to other recommended treatment, including exercise, and should be limited to 4 to 6 visits in most cases. In this case, there was no documentation of a significant musculoskeletal deficit. The medical necessity for myofascial therapy has not been established in this case. There was no evidence of this patient's active participation in a rehabilitation program to be used in conjunction with massage therapy. Given the above, the request is not medically necessary.