

Case Number:	CM15-0048721		
Date Assigned:	03/20/2015	Date of Injury:	08/09/2004
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old female, who sustained an industrial injury on August 9, 2004. She reported gradually developing worsening symptoms about the upper extremities, greater on the right, with repetitive use of his hands at work. The injured worker was diagnosed as having status post cervical fusion, myofascial pain syndrome, and chronic pain syndrome. Treatment to date has included TENS, cervical traction device, injections for her right thumb, carpal tunnel release, cervical fusion, and medications. Currently, the injured worker complains of pain in the neck radiating to the upper extremities, with numbness and tingling in her hands. The Treating Physician's report dated February 19, 2015, noted the injured worker with discrete tender trigger points over her neck, posterior shoulders, and upper extremities. The Physician injected the trigger points over the right and left upper trapezius, midscapular, and scapular areas. The Physician ordered six sessions of myofascial therapy to address large myofascial pain to her neck. The injured worker was to continue with Cymbalta and Flexeril, and stop the Naproxen and Tramadol because of her high blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 myofascial therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

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

Decision rationale: 6 myofascial therapy sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The documentation indicates that the patient has had prior massage therapy but there is no documentation of functional improvement from this therapy. The request for myofascial therapy is not medically necessary.