

Case Number:	CM15-0050190		
Date Assigned:	03/23/2015	Date of Injury:	05/12/2014
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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 22 year old female who sustained an industrial injury on 05/12/2014. Current diagnoses include right temporomandibular joint dysfunction with edema, chronic headaches, lightheadedness, nausea, and dizziness, cervical spine musculoligamentous sprain/strain, upper extremity neurologic symptoms, bilateral shoulder musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, and lower extremity neurologic symptoms. Previous treatments included medication management, night guard, and physical therapy. Previous diagnostic studies included an EKG and urine drug screening. Initial complaints included immediate pain in her neck, right upper extremity, mid-back, and low back following and electrical outlet explosion and electrocution of her right arm. Report dated 02/02/2015 noted that the injured worker presented with complaints that included constant severe neck pain with radiation to the bilateral upper extremities with associated numbness and tingling, and weakness. She also complains of right temporomandibular joint pain, soreness in the cervical spine, severe bilateral shoulder pain, and low back pain. Pain level was rated as 10 out of 10 in the neck, bilateral shoulder, and low back, and 6 out of 10 in the right temporomandibular joint, on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continued physical therapy treatment for the cervical spine, lumbar spine, and right temporomandibular joint. Disputed treatments include physical therapy 2 x per week x 4 weeks of the cervical, lumbar spine and right temporomandibular joint deep tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 4 weeks of the cervical, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 2/2/15 progress report provided by the treating physician, this patient presents with neck pain rated 10/10 on VAS scale, radiating to the bilateral upper extremities with associated numbness/tingling/weakness/spasms, and right temporomandibular joint pain rated 8/10, bilateral shoulder pain rated 10/10, radiating to the bilateral upper extremities, and low back pain rated 10/10 radiating to the bilateral lower extremities with numbness/tingling/weakness/spasms. The treater has asked for Physical Therapy 2x per week x 4 weeks of the Cervical Spine on 2/2/15. The 2/2/15 report further specifies: "I am recommending the patient to continue with physical therapy treatment for the cervical spine, lumbar spine, and right temporomandibular joint twice a week for four weeks". The request for authorization was not included in provided reports. The patient reports unexpected weight loss, fever, shortness of breath, cough, nausea, and dizziness per 12/29/14 report. The patient's pain has gotten progressively worse since the previous progress report per 12/29/14 report. The patient is on a home exercise program as of 12/29/14 with unspecified benefit. The patient attended 2 physical therapy sessions for the right upper extremities and back with "slight relief of her symptoms" about 2 weeks after her initial injury as of 8/4/14 report. The patient was on Naprosyn per 12/29/14 report, and is currently on Motrin and Flexeril as of 2/2/15 report. The treater requested physical therapy for the C-spine, T-spine, and L-spine 2-3 times a week for 6 weeks per 8/4/14 report. The patient is attending physical therapy once a week which has helped with range of motion and strength as of 11/21/14 report. The patient is currently attending physical therapy twice a week per 2/2/15 report. There is no documentation of prior surgeries per review of reports. The patient is currently working with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In regard to the 8 physical therapy sessions for the cervical spine, the treater has exceeded guideline recommendations. The patient had 2 physical therapy sessions with slight benefit around the time of the original injury, and seems to have been approved for a course of physical therapy, as the 8/4/14 report requested 12-18 sessions. The patient has been attending physical therapy "once a week" which has been helpful, as of 11/21/14 report, and is currently attending physical therapy twice a week as of 2/2/15 report. The patient has had at least 2 sessions of physical therapy from half a year ago, and it appears the patient has recently completed a course of physical therapy sessions once weekly and is currently attending physical therapy twice weekly. Therefore, the requested 8 additional physical therapy sessions exceeds MTUS guidelines. The request is not medically necessary.

Right temporomandibular joint deep tissue massage: 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 therapy Page(s): 60.

Decision rationale: Based on the 2/2/15 progress report provided by the treating physician, this patient presents with neck pain rated 10/10 on VAS scale, radiating to the bilateral upper extremities with associated numbness/tingling/weakness/spasms, and right temporomandibular joint pain rated 8/10, bilateral shoulder pain rated 10/10, radiating to the bilateral upper extremities, and low back pain rated 10/10 radiating to the bilateral lower extremities with numbness/tingling/weakness/spasms. The treater has asked for Right Temporomandibular Joint Deep Tissue Massage on 2/2/15. The 2/2/15 report further specifies: "I am requesting that deep tissue therapy be introduced to her cervical spine and right temporomandibular joint." The request for authorization was not included in provided reports. The patient reports unexpected weight loss, fever, shortness of breath, cough, nausea, and dizziness per 12/29/14 report. The patient's pain has gotten progressively worse since the previous progress report per 12/29/14 report. The patient is on a home exercise program as of 12/29/14 with unspecified benefit. The patient was on Naprosyn per 12/29/14 report, and is currently on Motrin and Flexeril as of 2/2/15 report. There is no documentation of prior surgeries per review of reports. The patient is currently working with restrictions. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per review of reports dated 8/4/14 to 2/2/15, the patient has not had any massage therapy in the past. The utilization review letter dated 2/13/15 denies the request, due to a lack of documentation that the massage will be used as an adjunct to other modalities, as well as lack of documentation of prior massage therapy. Given the patient's continued chronic pain in the right temporomandibular joint, a trial of 6 treatment sessions would be supported by MTUS. The request, however, does not specify a quantity of sessions. Due to a lack of specificity, the requested massage therapy is not medically necessary.