

Case Number:	CM15-0054738		
Date Assigned:	03/30/2015	Date of Injury:	07/19/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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, Pain Management

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 59-year-old female who sustained an industrial injury on 7/19/13. The injured worker reported symptoms in the neck and left upper extremity. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical radiculopathy and osteoarthritis of spinal face joint. Treatments to date have included muscle relaxant, heat/ice application, rest and gentle stretching. Currently, the injured worker complains of pain in the neck with radiation to the left upper extremity. The plan of care was for a myofascial release massage. An appeal letter dated February 26, 2015 states that myofascial release was recommended for neck pain and tightness in the neck. The patient has a significant amount of myofascial pain, tightness, and limited range of motion in the cervical spine. A progress report dated February 19, 2015 indicates that the patient is unable to perform activities of daily living due to her symptoms. The patient is recommended to continue a gentle stretching and exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release massage, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the requesting physician has identified that the patient currently has functional deficits. Additionally, the patient has physical examination findings supporting his diagnoses. Furthermore, the requested massage therapy will be used as an adjunct to the patient's home exercise program. There is no indication that the patient has undergone massage therapy previously. As such, a 6-visit trial of massage therapy is medically necessary.