

Case Number:	CM14-0114883		
Date Assigned:	08/04/2014	Date of Injury:	10/28/2010
Decision Date:	10/07/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who was reportedly injured on 10/28/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/24/2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination of the cervical spine demonstrated positive tenderness to palpation of paraspinal muscles and myofascial restrictions; sternocleidomastoid tightness with forward head position; muscle strength of 5/5 for bilateral upper extremities; reflexes 2+; extension and lateral flexion of the cervical spine with pain; and positive trigger point tenderness at C2-C3. Physical exam of the lumbar spine revealed lumbosacral paraspinal tightness and myofascial restrictions; muscle strength 5/5; reflexes 2+; positive tenderness to palpation of sciatic notches and sacroiliac joints; and normal range of motion, but pain with extension. No recent diagnostic studies are available for review. Previous treatment has included bilateral shoulder arthroscopy, acupuncture, physical therapy, medications, and conservative treatment. A request was made for massage therapy one time a week for 6 weeks (#6 sessions total) and tramadol 50mg #100; it was not certified in the pre-authorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of massage therapy (1 X 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of massage therapy as an adjunct to other treatments (i.e. physical therapy & exercise) and state it should be limited to 4-6 visits in most cases. After review the medical records provided, it appears the claimant has been authorized a course of chiropractic care. The guidelines do not support concurrent massage therapy as it would be considered a duplicate request. Therefore, the request for massage therapy is not considered medically necessary.

Tramadol 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 82 and 113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.