

Case Number:	CM14-0120593		
Date Assigned:	08/13/2014	Date of Injury:	02/14/2003
Decision Date:	10/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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 records presented for review indicate that this 59 year-old female was reportedly injured on February 14, 2003. The mechanism of injury is noted as a work-related injury due to working at a poorly set up computer and desk. The most recent progress note, dated June 25, 2014, indicates that there are ongoing complaints of neck pain and wrist swelling. The physical examination demonstrated multiple trigger points to the head and neck, with tender cervical paraspinal muscles and tenderness to palpation at the midline cervical spine. There is decreased range of motion of the cervical spine in all planes. Examination of the upper extremities shows pain with resisted abduction of the right shoulder. Examination of the bilateral lower extremities is normal. Diagnostic imaging studies were not included for review. Previous treatment includes multiple medications and a home exercise program. A request had been made for laser therapy times three, myofascial release (two times weekly for four weeks) for the cervical spine, and Flexeril 10 mg, # 60 tablets, and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser therapy x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As outlined in the MTUS, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as cutaneous laser treatment. There does not appear to be exceptional factors that would warrant deviation from the guidelines. Therefore, based on the clinical information presented for review and tempered by the parameters noted in the MTUS, this is not clinically indicated.

Myofascial release 2 times weekly for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

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

Decision rationale: CA MTUS guidelines support the use of massage therapy as an adjunct to other recommended treatments (i.e. physical therapy & exercise) and states it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results and many lack long-term follow-up. Massage and myofascial release therapy are forms of passive intervention and treatment dependence should be avoided. Furthermore, they lack long-term benefit and do not address underlying causes of pain. As such, myofascial release is not considered medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Flexeril (cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.