

Case Number:	CM14-0149126		
Date Assigned:	09/18/2014	Date of Injury:	08/03/2002
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 59 year-old female with an 8/03/2002 date of injury. According to the 6/17/14 psychiatry report from [REDACTED], the patient presents for follow-up on her neck, back and upper extremities, and has flat affect and depressed mood. She has been diagnosed with TMJ disorder; cervicobrachial syndrome; other general symptoms; backache not otherwise specified; depressive disorder not elsewhere classified. The patient is reported to be working full time and difficulty continuing acupuncture due to her work schedule. On 8/21/14 UR recommended denial of myofascial therapy 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy 2x/week x 4 weeks Neck, Back, Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

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

Decision rationale: The IMR is for necessity of myofascial therapy 2x4. The patient is a 59 year-old female with an 8/03/2002 date of injury. According to the 6/17/14 psychiatry report from

██████████, the patient presents for follow-up on her neck, back and upper extremities, and has flat affect and depressed mood. She has been diagnosed with TMJ disorder; cervicobrachial syndrome; other general symptoms; backache not otherwise specified; depressive disorder not elsewhere classified. She had been unable to complete her acupuncture sessions due to her work schedule. There are no medical reports available for this IMR that request or discuss rationale for myofascial therapy. Myofascial therapy 2x4 is a form of massage therapy. MTUS guidelines for massage therapy states this is recommended as an adjunct to other treatments such as exercise, and should be limited to 6 visits. The request for myofascial therapy 2x4 exceeds the MTUS recommendations. Therefore, this request is not medically necessary.