

Case Number:	CM14-0159137		
Date Assigned:	10/02/2014	Date of Injury:	03/20/2009
Decision Date:	11/06/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, and is licensed to practice in New York. 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 36-year-old female with a reported date of injury on 03/20/2009. The mechanism of injury was not documented. Her relevant diagnoses included neck sprain, myalgia and myositis, unspecified. Her past treatments included medication and myofascial therapy. According to documentation, dated 08/12/2014, she complained of "flare-up" of her neck and upper extremity. She states overall she is 60-70% better and her pain level was self-rated at 2/10 level. She had 12 session of myofascial therapy in 2012. She is still not working regularly. She still has difficulty using the computer. Documentation revealed objective physical examination findings were normal spine contour, palpation with minimal tender trigger points over the neck, posterior shoulder and upper extremities. Her motor and sensation are intact. Her only medication was Ibuprofen one to two times a month. No treatment plan was included in the documentation sent for review. The request is for Myofascial Therapy 2xwk x 3wks cervical spine and no rationale was included in the documentation. The request for authorization dated 08/15/2014 was included in the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy 2xwk x 3wks Cervical spine: 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 Chronic Pain Page(s): 60.

Decision rationale: The request for Myofascial Therapy 2xwk x 3wks cervical spine is not medically necessary. The injured worker complained of "flare-up" of her neck and upper extremity. She states overall she is 60-70% better and her pain level was self-rated at 2/10 level. She had 12 session of myofascial therapy in 2012. According to the California MTUS guidelines myofascial therapy (massage) should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The injured worker had previously received 12 sessions of myofascial therapy in 2012. These 12 sessions exceeded the recommended guidelines. Therefore, the request for Myofascial Therapy 2xwk x 3wks cervical spine is not medically necessary.