

Case Number:	CM15-0040351		
Date Assigned:	03/10/2015	Date of Injury:	09/23/2013
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 31 year old female, who sustained an industrial injury on 09/23/2013. She reported an injury to one of her molars in the right lower jaw with subsequent shooting pain in the jaw and bilateral temporomandibular joint area with radiation into her right cervical spine. The injured worker is now diagnosed as having neuralgia neuritis and temporomandibular joint pain. Treatment to date has included MRI of the brain and medications. In a progress note dated 02/06/2015, the injured worker presented with complaints of right facial pain, neck pain, and headaches. The treating physician reported the injured worker is status post occipital nerve block on 12/17/2014 with reduction in headache intensity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy once a week for 6 weeks: Overturned

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 Massage therapy Page(s): 60.

Decision rationale: The patient presents with right facial pain, neck pain and headache. The request is for MASSAGE THERAPY ONCE A WEEK FOR 6 WEEKS. The request for authorization is dated 02/19/15. She is status-post occipital nerve block, 12/17/14, with reduction in headache intensity. MRI of the brain, 09/24/14, shows exophytic frond-like heterogeneous soft tissue arising from the midline nasopharynx may represent polyps or atypical lymphoid tissue. Patient continues to note excruciating right-sided jaw pain with radiation into her neck. She believes that she has complex regional pain syndrome in her face. Patient's medications include Gabapentin, Nabumetone, Pantoprazole, Imodium, Promethazine, Buprenorphine and Seroquel. The patient is working modified duty. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater does not provide reason for the request. Review of progress reports shows patient has not had previous sessions of massage therapy. However, given the patient's condition, a course of massage therapy would be indicated. The request for 6 sessions of massage therapy would be within guidelines. Therefore, the request IS medically necessary.