

Case Number:	CM15-0069242		
Date Assigned:	04/16/2015	Date of Injury:	09/20/2012
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pain Management

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 61 year old female who sustained an industrial injury on 9/20/12. The injured worker reported symptoms in the left upper extremity. The injured worker was diagnosed as having degenerative cervical disc disease with radiculopathy, myofascial pain syndrome and chronic pain syndrome. Treatments to date have included physical therapy, acupuncture treatment and muscle relaxants. Currently, the injured worker complains of left upper extremity discomfort. The plan of care was for trigger point injections, myofascial therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy 6, Initial Sessions to Neck/ Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: Regarding the request for myofascial therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the patient is noted to have myofascial pain and a trial of 6 sessions were requested as an adjunct to other forms of treatment for this condition. In light of the above, the currently requested myofascial therapy is medically necessary.

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program evaluation, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the medical information available for review, there is no documentation that other methods for treating the patient's pain have been unsuccessful, the patient has lost the ability to function independently, and that the patient is not a candidate for surgery or other treatment options. Rather, it appears that the provider is currently pursuing additional treatment. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested functional restoration program evaluation is not medically necessary.