MAXIMUS Federal Services

Case Number:	CM15-0099913		
Date Assigned:	06/02/2015	Date of Injury:	01/31/2006
Decision Date:	06/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on January 31, 2006. She reported throbbing pain of the left shoulder radiating to the left elbow, wrist, hand, and fingers with left wrist swelling, popping, and pain. The injured worker was diagnosed as having status post left shoulder arthroscopic lysis of adhesions in 2011 and arthroscopic acromioplasty, Mumford, and debridement of labral tear and subscapular tear in 2010; protruding disc toward the left at cervical 6-cervical 7 with left cervical 7 radiculopathy - MRI in 2006, and electromyography/nerve conduction study positive for bilateral carpal tunnel syndrome in 2010. Diagnostic studies to date have included x-rays, MRI, and electrodiagnostic studies. Treatment to date has included physical therapy, acupuncture, work modifications, epidural steroid injection, a neck brace, wrist brace, massage therapy, shoulder injections, and medications including oral pain, topical pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On May 6, 2015, the injured worker reports that massage therapy decreases her pain and spasms. Following each session of massage therapy, her function and quality of life improves. Her pain and muscle relaxant medications help her pain. Her pain level is rated: highest = 9/10 and with medication = 5/10. The physical exam revealed decreased left shoulder flexion and adduction, pain with range of motion greater than 90 degrees, pain with cervical rotation, and paraesthesias to the left middle finger with cervical foraminal compression. The treatment plan includes massage therapy for the cervical spine and left upper trapezius region spasming and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg Qty 15 (1-2 tabs at bedtime, trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the records did not sufficiently present findings of muscle spasm on examination at the time of this request for a trial of Flexeril to help the worker get better sleep. It appears that the use of this Flexeril was intended to be for chronic use (if helpful) and not for an acute flare-up based on the documentation, which is not recommended. Therefore, considering the above reasons, the Flexeril trial will be considered medically unnecessary at this time.

Massage therapy, Qty 6 sessions: 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 Massage therapy, p. 60. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, Massage.

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, there was a history of prior use of massage therapy, which the worker wished to continue. However, there was incomplete reporting found in the notes as to how many sessions were attended and how measurably the overall function and pain levels changed, although vague reports of improvement over three days following sessions was included in the notes. Therefore, due to the above reasons, the request for ongoing massage therapy will be considered not medically necessary.