

Case Number:	CM14-0027504		
Date Assigned:	06/23/2014	Date of Injury:	04/13/2010
Decision Date:	09/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 60-year-old with a work injury dated April 13, 2010. The diagnoses include cervical spondylosis, cervical radiculopathy, myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, arthropathy or the shoulder. Under consideration is a request for PUSH therapy treatment to the cervical and lumbar spine for six sessions. There is a primary treating physician report dated February 4, 2014 that states that the patient reports pain in the low back and mid back pain. The chest wall pain, which he had, has subsided. On physical exam palpation which revealed tenderness to palpation of the lumbar and thoracic paraspinal musculature. There is a request for a trial of 6 myofascial release therapy sessions .

IMR ISSUES, DECISIONS AND RATIONALES

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

PUSH therapy treatment to the cervical and lumbar spine for six 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 Page(s): 60.

Decision rationale: PUSH therapy treatment to the cervical and lumbar spine for six sessions is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines do not specifically discuss PUSH therapy. The guidelines state that massage should be limited to four to six visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The documentation is not clear on why the patient needs PUSH therapy treatment over standard massage/myofascial therapy. The documentation indicates that the patient had an injury in 2010. It is unclear if the patient has had prior massage therapy. The patient has failed more active interventions. It is unclear why PUSH therapy which is a passive intervention could have greater efficacy and facilitate functional improvement over a more active intervention. The request for PUSH therapy treatment to the cervical and lumbar spine for six sessions is not medically necessary or appropriate.