

<b>Case Number:</b>	CM13-0044155		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 California. 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:

This patient has a date of injury of 6/14/13. The mechanism described as a lifting incident at work. The patient was diagnosed with myofascial pain, thoracic spondylosis, cervicgia and pain in shoulder. Multiple medical records were reviewed from primary treating physician and consultants if available. The last record was available until 10/21/13. The patient complains of left low back pain, neck and L shoulder pain. Pain is aching, cramping and numb and worsens with standing, bending and walking. Patient's pain is 8/10 and reportedly interferes with work and sleep. Objective exam reveals normal range of motion (ROM) cervical neck and lower back. There was mildly decreased L shoulder ROM. There's tenderness T4-5 and T5-6 facet joints increased with facet load. The patient had normal strength, normal neurological exam and normal reflexes. The current medications include cyclobenzaprine, Tramadol and Anaprox. Patient has attempted medication, physical therapy, and chiropractic and myofascial release with no noted improvement. There is no provided imaging or advance studies noted. Utilization review is for Thoracic facet medial branch injections T4-5 and T5-6 times 1 bilaterally under fluoroscopy and myofascial release 1-2times a week 4-6weeks (total 6) Prior UR on 10/18/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THOARCIC FACET MEDIAL BRANCH INJECTIONS T4-5 AND T5-6 TIMES 1 BILATERALLY UNDER FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** Primary treating physician notes that he/she believes that the pain is from cervical facet pain. There is no noted imaging or advance imaging provided. As per MTUS ACOEM Guidelines, facet injections or blocks are not recommended. As per MTUS guidelines, the requested thoracic facet medial branch injections T4-5 and T5-6 bilaterally under fluoroscopy is not medically necessary.

**MYOFASCIAL RELEASE 1-2 TIMES A WEEK 4-6 WEEKS (TOTAL OF 6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** Myofascial release is a type of deep tissue massage. It is technique that is poorly defined and poorly studied but claims to "release" facial sites of tension. There is no specific defined technique but differs from practitioner to practitioner. Primary treating physician notes that he/she believes that myofascial release is "different" from regular massage therapy but fails to provide any evidence to support this assertion. As per MTUS Chronic pain guidelines, massage therapy may be useful in decreasing stress and anxiety but has limited evidence to support any long term benefit in pain reduction. It has evidence of utility in post surgical pain. Patient is reportedly to have undergone this massage in the past with no noted improvement. Due to lack of evidence of efficacy and patient not being post surgical, as per MTUS guidelines, Myofascial release is not medically necessary