

<b>Case Number:</b>	CM14-0150932		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Interventional Spine 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:

The patient is a 55 year old female with an injury date of 10/05/09. The 09/09/14 report by ■■■ states that the patient presents with worsening neck and lower back pain rated 6/10 with medications and 8-9/10 without. The patient has antalgic gait. She is not currently working. Examination of the cervical spine shows spasm bilaterally in the trapezius muscles and vertebral tenderness C4-7. There is tenderness upon palpation at the bilateral paravertebral C4-6 area with range of motion moderately limited due to pain. Lumbar examination reveals tenderness on palpation of the spinal vertebral area L4-S1 with moderately limited range of motion secondary to pain. For the upper extremity tenderness is noted on palpation at the right rotator cuff, right anterior shoulder and the bilateral hands. Lower extremity examination shows tenderness on palpation at the left knee. The patient's diagnoses include: Cervical radiculitis, Lumbar radiculitis, Bilateral hand pain, Right sided shoulder bursitis, Chronic pain-other. Status post left knee surgery 01/16/13. Status post left shoulder surgery with residuals (date unknown) Rule out internal derangement to right shoulder. Physical therapy reports from 05/07/14 to 08/04/14 are provided. The utilization review being challenged is dated 09/11/14. The rationale is that it is unclear how many sessions of therapy have been provided and there is no evidence of acute or chronic exacerbation of myofascial strain. Reports were provided from 03/12/14 to 09/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release therapy 1-2 x 4 cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180,181,Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The patient presents with worsening neck pain and lower back pain rated 6-9/10. The treater requests for Myofascial release therapy 1-2 X 4 cervical.MTUS Massage Therapy page 60 states this is recommended as an option as an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. Massage is effective as adjunct treatment for acute postoperative pain following major surgery. ACOEM guidelines Chapter 8 pages 180, 181 states massage is recommended for select use in patient with chronic persistent low back or neck pain as an adjunct to active treatment. Three to 5 appointments and up to 8-10 additional treatments with evidence of ongoing objective improvement.The treater does not discuss the reason for the request. The 09/09/14 report states, "The patient reports no prior myofascial release therapy with requested body part." The reports show that this treatment is intended as an adjunct to other treatments. The patient is noted to have completed 4 weeks of physical therapy and an additional 4 weeks is requested with the goal to transition to a home exercise program. Reports from 06/04/14 to 08/28/14 state the patient is encouraged to continue her home exercise program. The patient has also completed a course of aqua/pool therapy and reports improved pain control and functional improvement. The patient is also using medications. There is no documentation that the patient has acute pain following major surgery. In this case, the indeterminate 4-8 sessions requested exceed what is allowed by MTUS and what is recommended by ACOEM for a trial. Furthermore, the treater does not discuss objective goals of the requested treatment. Recommendation is for denial.