

Case Number:	CM14-0158544		
Date Assigned:	10/02/2014	Date of Injury:	05/08/2012
Decision Date:	11/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine 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 40-year-old woman has chronic neck, head and right upper extremity pain, reportedly due to repetitive strain from heavy work activities. Date of injury is 5/8/12. Past medical history is notable for multiple sclerosis, depression, and similar injuries involving her neck and right upper extremity in 2009 and 2010. Treatment has included medications, physical therapy, acupuncture, epidural steroid injection and a functional restoration program. She has not returned to work since July 2012. Surgery of the cervical spine has been recommended and was declined by the patient. A panel QME evaluation performed 6/12/14 noted that the patient's symptoms and signs were consistent with cervical radiculopathy despite negative electrodiagnostic studies. The examiner stated that the patient was permanently disabled, with total whole person impairment of 27%. The examiner recommended against surgery. She recommended follow-up physician visits, medications as needed to control pain, and 12 sessions of myofascial release. The patient was examined by a physicians' assistant in the primary treater's office on 8/14/14. The note states that the patient continues to have significant headaches and neck pain. Her right upper extremity pain is minimal. She has stopped taking orphenadrine. Her current medications include Excedrin Extra Strength, apparently occasional ibuprofen (documented in the narrative but not in the medication list), and other medications prescribed on a non-industrial basis by an outside physician including Avonex, clonazepam, Lexapro, and Risperdal. Six sessions of chiropractic manipulation have been authorized and are to start the following week. No abnormalities are noted on physical exam except for moderate obesity. Diagnoses include "other specified leukemia in remission" (it is unclear to me if this is an error, or if the patient has another serious non-industrial condition that has not been documented in the records), cervical disc displacement without myelopathy, degeneration of cervical disc, tension headache, and unspecified major depression/recurrent episode. Treatment plan included a request for authorization of 12 sessions

of myofascial release therapy. Note that the request for 12 sessions of myofascial release was modified in UR on 8/28/14, and only six sessions were certified. A request for IMR was generated for the remaining 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Myofascial release therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Massage therapy Page(s): 9, 60.

Decision rationale: Myofascial release is a specific form of massage therapy. Per the first MTUS guideline cited above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the second MTUS guideline cited above, massage therapy may be recommended as an adjunct to exercise, and should be limited to 4-6 visits in most cases. Scientific studies show contradictory results, but in general show only short-term relief of symptoms. Massage is a passive intervention and treatment dependence should be avoided. The clinical documentation in this case does not support the provision of myofascial release to this patient. Despite the QME's recommendation for it, it is not in accordance with the MTUS guidelines. None of the available notes document that the patient is engaged in any form of exercise. She has not responded in the past to other forms of passive therapy included physical therapy and acupuncture, and is still off work. She is currently scheduled to begin chiropractic manipulation, which is another form of passive therapy. In general it is not advisable to beginning two forms of therapy at once, since it is impossible to distinguish which of them is causing any good (or bad) results that ensue. No functional goals are documented for either chiropractic treatment or for myofascial release. Based on the MTUS citations above and on the clinical information provided for my review, neither 6 nor 12 sessions of myofascial release is medically necessary in this case. It is not medically necessary because it is not being prescribed as an adjunct to exercise, because it is a passive therapy that may cause treatment dependence, because it is being prescribed simultaneously with chiropractic treatment, and because no functional goals for myofascial release are documented.