

Case Number:	CM14-0193383		
Date Assigned:	12/01/2014	Date of Injury:	05/22/2013
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The patient is a 33 year-old man who was injured at work on 5/22/2013. The injury was primarily to his upper back and neck and right shoulder. He is requesting review of denial for "3 Sessions of Myofascial Release." Medical records corroborate ongoing care for his injuries. His last documented office visit was on 10/15/2014. At this visit the patient continued to complain of pain. He had prior treatment with "myofascial release" and was continuing a home exercise program. Physical examination was performed and was notable for good range of motion of the neck with no tenderness to palpation. Upper arm strength was normal. The right shoulder had good range of motion and there were no signs of impingement. There were "areas of increased muscle tone over superior para scapular area or responding to the trapezius and the right levator scapulae muscles." The assessment was: Myalgia and Sprain Shoulder. The treating physician's care plan stated: "Refer for 3 more visits of myofascial release." In the Utilization Review process MTUS Guidelines regarding "Massage/Myotherapy" were cited in the assessment of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myofascial Release: Massage/Myotherapy.

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

Decision rationale: The MTUS Guidelines state the following massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. In this case the patient has previously received myofascial release treatment; however, the exact number of prior sessions is not stated. As the cited MTUS guidelines limit the number of sessions to "4-6 visits" and it is unclear how many prior sessions this patient has received, the request for three sessions of myofascial release is not considered as medically necessary.