

Case Number:	CM14-0200381		
Date Assigned:	12/10/2014	Date of Injury:	12/03/2013
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain 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 injured worker's original date of injury was December 3, 2013. The patient has a primary diagnoses of low back pain, shoulder pain, lumbar strain, shoulder contusion, mixed connective tissue disease, and unspecified synovitis/tenosynovitis. The disputed issue is a request for six myofascial sessions. A utilization review on November 12, 2014 had noncertified this request. The rationale for this denial was that there were no specific objective outcomes from prior intervention. There was documentation that this injured worker has had previous myofascial treatments, and therefore further treatments were not felt to be warranted by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six myofascial sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Myofascial treatments are regarded as a form of massage therapy. The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July

18, 2009) page 60 of 127 state the following regarding massage therapy: "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. (Hasson, 2004) 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 psychologic domains. (Walach 2003) 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. (Corbin 2005) 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. (Mitchinson, 2007)" According to a progress note on July 8, 2014, the injured worker had previous benefit from myofascial therapy when treating an antecedent work injury from 2011. Her present work injury stems from a date of injury in 2013. The patient reportedly had benefit from myofascial therapy in the past. The guidelines do recommend up to six sessions of myofascial or massage therapy. Whether the patient did or did not have benefit from myofascial therapy from a previous work injury is unrelated to the present work injury. Therefore, this request is medically necessary.