

<b>Case Number:</b>	CM14-0203285		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 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:

The patient is a 64-year old female with date of injury 10/24/04. The treating physician report dated 10/27/14 (122) indicates that the patient presents with pain affecting neck, upper extremity, hands and low back. The physical examination findings reveal moderate distress and anxiousness. Palpation reveals discrete tender trigger points over neck, posterior shoulders and upper extremities with muscle twitch points along with swelling over the right index finger in the second web space. Prior treatment history includes trigger point injections over the right and left trapezius as well as the mid scapular and scapular areas on 1/27/14, 4/28/14, 7/28/14 and 10/27/14 which decreased the patients pain level and increased the patients functional ADLs and exercise. Additionally, the patient received 12 sessions of myofascial therapy in 2012 with "excellent benefits." The current diagnoses are: -Repetitive strain injury with myofascial pain syndrome bilateral upper extremities-Stenosing tenosynovitis, bilateral upper extremities-Basilar joint arthritis-Degenerative cervical disc disease-Degenerative thoracic disc disease-Degenerative lumbar disc diseaseThe utilization review report dated 11/18/14 denied the request for six sessions of myofascial therapy based on ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of myofascial therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Myofascial release.

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

**Decision rationale:** The patient presents with pain affecting neck, upper extremity, hand and low back. The current request is for six sessions of myofascial therapy; more specifically, myofascial therapy/deep tissue trigger point massage. The treating report dated 10/27/14 (122) states, the physician "would like to order six sessions of myofascial therapy to address myofascial pain component of her symptoms. The therapy is designed to relieve severe tension in the muscle and the connective tissue and to address myofascial component of the symptoms. Deep tissue massage is applied to both the superficial and deep layers of muscles, fascia, and other structures." MTUS guidelines state that massage therapy "should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." Additionally, ACOEM guidelines, Neck chapter, state that "there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as ... massage... These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the patient has received 12 sessions of myofascial therapy in 2012 and the medical documentation provided did not indicate a program of functional restoration. Therefore, recommendation is for denial.