

<b>Case Number:</b>	CM15-0139484		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 49 year old male, who sustained an industrial injury on 2/14/2014. The injured worker was diagnosed as having repetitive strain injury with myofascial pain syndrome, neck and bilateral upper extremities, bilateral cubital tunnel syndrome, and low back strain with aggravation. Treatment to date has included diagnostics, myofascial therapy, biofeedback treatment, physical therapy, chiropractic, home exercise program, and medications. Currently (6/04/2015), the injured worker was seen regarding problems with his neck, upper extremities, and low back. He reported feeling 5-10% better and pain was rated 7 out of 10. He had 2 myofascial therapy sessions, three biofeedback sessions, and one chiropractic session since his last visit. It was documented that myofascial therapy helped. It was documented that trigger point injections on the last visit helped his low back. Current medication regimen was not noted, but included Tylenol #3 and Lidoderm patches. Also noted were Baclofen and Ibuprofen. He was not working. The treatment plan included 6 additional sessions of deep tissue myofascial therapy. The total number of myofascial sessions to date could not be determined but the progress report dated 2/04/2015 noted that 6 additional sessions of myofascial therapy were approved in 1/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional myofascial therapy visits for cervical spine and bilateral wrists: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a repetitive strain work-related injury in February 2014 and continues to be treated for neck, low back, and upper extremity pain. Treatments have included deep tissue myofascial therapy with 6 of 12 sessions completed as of December 2014. When seen, he had completed two myofascial therapy sessions, three biofeedback sessions, and one chiropractic treatment. There was a 5-10% improvement. There was an antalgic gait with a walking staff. He was wearing a right knee brace. There were multiple areas of tenderness. An additional 6 myofascial sessions were requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. The claimant has received myofascial therapy in excess of that recommended and has minimal improvement after two recent additional treatments. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case the number of additional treatments being requested is in excess of both recommendations and not medically necessary.