MAXIMUS Federal Services

Case Number:	CM15-0192181		
Date Assigned:	10/06/2015	Date of Injury:	04/16/2007
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old female, who sustained an industrial injury on 04-16-2007. She has reported subsequent neck, shoulder, upper extremity, hand and finger pain and was diagnosed with chronic myofascial pain, cervical spondylosis and neck and trapezius strain. Treatment to date has included pain medication, acupuncture, trigger point injections, application of heat and ice, physical therapy and a home exercise program. Acupuncture, trigger point injections and physical therapy were noted to provide some pain relief. It's unclear as to whether previous myofascial therapy had been received and if so if there was any objective functional improvement with therapy. In a progress note dated 09-08-2015, the injured worker reported a lot of pain and stiffness in the fingers and hand as well as persistent intermittent sharp pain the neck and shoulder area that sometimes affected work. Acupuncture a couple months prior was noted to be helpful but pain had returned 2 months later. Objective examination findings showed moderate to severe tenderness to palpation of the left greater than right trapezius, supraspinatus, infraspinatus, longissimus, rhomboideus, pectoralis with radiating to the head and neck, tenderness to palpation of the left trapezius and anterior shoulder and "slight left greater than right CEM and CFM tenderness." Work status was documented as full duty. A trigger point injection was performed of the bilateral trapezius, right rhomboids and bilateral CEM. The physician noted that a request for myofascial therapy for the neck, trapezius and upper extremities was being submitted. A request for authorization of 6 myofascial therapy sessions was submitted. As per the 09-16-2015 utilization review, the request for 6 myofascial therapy sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 myofascial therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six myofascial therapy sessions are not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are myalgias and myositis unspecified; cervicalgia; and cervical spondylosis without myelopathy. Date of injury is April 16, 2007. Request for authorization is September 8, 2015. According to a September 8, 2015 progress note, subjective complaints include pain and stiffness of the fingers and hand and neck and shoulders. The injured worker works full time. The injured worker reports of flare three weeks prior. Objectively, there is tenderness to palpation can the left greater than right trapezius muscles. The injured worker received a trigger point injection. There is no documentation of prior myofascial therapy sessions. There is no documentation of a concurrent active intervention such as physical therapy in the treatment plan. The injured worker is engaged in a home exercise program (based on prior physical therapy). Based on clinical information in the medical record, peer-reviewed evidence- based guidelines and no documentation of an ongoing concurrent active intervention, six myofascial therapy sessions are not medically necessary.