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| Case Number: | CM15-0206003 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 03/08/2013 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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

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 60 year old female who sustained an industrial injury on 3-8-13. A review of the medical records indicates she is undergoing treatment for rotator cuff impingement syndrome, myofascial pain syndrome, cervical radiculitis, and long-term use of medications. Medical records (8-10-15 and 9-1-15) indicate complaints of neck and parascapular region pain, rating "4-5 out of 10". The 9-22-15 record indicates neck and back symptoms, rating "8 out of 10". The treating provider indicates that the injured worker attempted use of a stationary bike to "see if this would calm down her symptoms", but indicated that the symptoms got "worse". The physical exam (9-22-15) reveals "moderate losses" of cervical range of motion. On examination of the paravertebral muscles, spasm, tenderness, and trigger points were noted bilaterally, left worse than right. Tenderness is noted at the rhomboids and trapezius. "Multiple" myofascial trigger points are noted. Spurling's maneuver causes pain in the muscles of the neck bilaterally, "but no radicular symptoms". Diagnostic studies have included an EMG, showing chronic C5 radiculopathy, as well as MRIs of the cervical spine and left shoulder. Treatment has included acupuncture, pain medications, physical therapy to the left shoulder, steroid injections in the left shoulder, and counseling. Treatment recommendations include physical therapy "for strengthening and myofascial work", chiropractic therapy, acupuncture, and trigger point injections to parascapular area, as well as "another" steroid injection to the left shoulder. The utilization review (10-12-15) includes a request for authorization of myofascial therapy of the neck. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy, neck,: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, 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 rationale: The patient presents with neck and back symptoms rating 8 out of 10. The current request is for myofascial therapy, neck. The treating physician states, in a report dated 09/22/15, "THERAPY: Myofascial Therapy: (neck). The requested medical treatment is medically necessary to cure or relieve the effects of the industrial injury." (26B) MTUS supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. In this case, the treating physician, based on the records available for review, states "High muscle tension. Needs a short course of myofascial work to decrease muscle tension, increase range of motion, facilitate exercise program." (26B) Massage therapy is indicated for this patient, however the treating physician failed to specify the number of sessions required. An open-ended request is not supported by MTUS. The current request is not medically necessary.