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| <b>Case Number:</b>   | CM15-0221651 |                              |            |
| <b>Date Assigned:</b> | 11/17/2015   | <b>Date of Injury:</b>       | 10/18/2010 |
| <b>Decision Date:</b> | 12/24/2015   | <b>UR Denial Date:</b>       | 11/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2015 |

### 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 49 year old female who sustained an industrial injury on 10-18-2010. A review of medical records indicates the injured worker is being treated for cervical spondylosis and trigger points. Medical records dated 5-12-2015 noted injury to the cervical spine and right upper extremity. There was ongoing neck pain. It has been worse with activity. She noted that the trigger point injections helped her since the last visit. She had 50% relief for two weeks. Physical examination noted tenderness in the cervical facet joints in the right hand side. Paraspinal muscles were tender. Treatment has included injections and medications. Utilization review form dated 11-10-2015 non-certified myofascial release and massage therapy x 6 sessions for the cervical spine and upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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, myofascial release is 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 cervical spondylosis; and trigger points. Date of injury is October 18, 2010. Request for authorization is November 4, 2015. There are two progress notes by the requesting provider in the medical record dated February 12, 2015 and May 12, 2015. There are no contemporary progress notes on or about the date request for authorization November 4, 2015. According to the February 12, 2015 progress note, subjective complaints include neck pain. The injured worker was receiving massage therapy that was helping. The total number of massage therapy sessions is not specified. The treating provider requested physical therapy that was denied. The documentation states the cervical spine is not included in the claim. According to the May 12, 2015 progress note, subjective complaints of neck pain. Trigger point injections help. Objectively, there is tenderness at the cervical facet joints on the right and tenderness in the paraspinal muscles. As noted above, the total number of massage therapy visits is not specified. Massage therapy is a passive treatment and should be limited to 4-6 visits. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the number of massage therapy sessions requested, no documentation indicating the number of massage therapy sessions received and no contemporary documentation on or about the date of request for authorization with the clinical discussion, indication or rationale for additional massage therapy, myofascial release is not medically necessary.

**Massage therapy 6 sessions cervical spine and upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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, massage therapy 6 sessions cervical spine and upper extremities is 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 cervical spondylosis; and trigger points.

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