

Case Number:	CM15-0051519		
Date Assigned:	04/01/2015	Date of Injury:	11/17/2004
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Anesthesiology, 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:

This 43 year old male sustained an industrial injury to the neck via cumulative trauma, reported on 11/17/04. Previous treatment included magnetic resonance imaging, biofeedback, physical therapy, myofascial release, acupuncture, foam roller, Theracane, heat and medications. In a visit note dated 1/15/15, the injured worker complained of ongoing neck pain. The injured worker reported paying out of pocket for acupuncture and myofascial release. The injured worker reported that acupuncture and myofascial release reduced his pain from 5-6/10 on the visual analog scale to 1-2/10. Physical exam was remarkable for cervical spine with tenderness to palpation with muscle tension extending from the cervical spine paraspinal musculature down into the right upper trapezius muscle, with decreased range of motion to the cervical spine, 5/5 motor strength to bilateral upper extremities and slightly decreased sensation to the right upper extremity. Current diagnoses included cervical disc displacement, neck pain, long term medication use and therapeutic drug monitor. The treatment plan included 12 sessions of myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy for the neck (1 session per week for 12 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with injured workers and be able to refer injured workers to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) The current request for 12 sessions is in contrast to the guidelines as set forth in the MTUS above. Therefore, at this time, the requirements for treatment have not been met and is not medical necessary.