

Case Number:	CM15-0082516		
Date Assigned:	05/04/2015	Date of Injury:	06/16/2010
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 67 year old female, who sustained an industrial/work injury on 6/16/10. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having chronic left shoulder pain, chronic low back pain, left lower extremity radiculopathy. Treatment to date has included medication and diagnostics. MRI results were reported on 12/15/14. Currently, the injured worker complains of ongoing shoulder pain as well as low back pain. Per the primary physician's progress report (PR-2) on 3/24/15, examination revealed tenderness in the lumbar spine with multiple trigger points, tenderness on the right side. There is some lack of range of motion for the neck. The requested treatments include myofascial release: additional sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release additional 10 sessions, one or two times per week for five to 10 weeks,
Left shoulder:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 134.

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. In January 2015 myofascial release treatments were started. When seen, she was continuing to be symptomatic. She felt that the treatment that had been provided was modulating her pain and possibly helping with her function. However, she was continuing to take the same medications. Physical examination findings included changing positions frequently and decreased cervical spine range of motion. Authorization for an additional 10 sessions of myofascial release was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment being performed and no apparent benefit from the treatments already provided. Therefore, this request was not medically necessary.