

<b>Case Number:</b>	CM15-0087037		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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

Certification(s)/Specialty: Emergency 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 52 year old male who sustained a work related injury May 30, 2012. Past history includes C6-C7 fusion. According to a pain medicine re-evaluation dated, April 20, 2015, the injured worker presented for a pain management visit and re-examination. He complains of neck pain which radiates down the right upper extremity to the right hand and fingers. The pain is accompanied by numbness frequently in the right upper extremity to the level of the fingers. There are frequent muscle spasms in the bilateral neck area and further complaints of mid upper back pain. The pain is worse since the last visit and rated 8/10 with medication and 9/10 without medication. There was moderate improvement with therapy noted; brushing teeth, combing/washing hair, laundry, dressing, and shopping. He is currently pending right elbow surgery. Diagnoses are cervical disc degeneration; cervical facet arthropathy; cervical radiculopathy; chronic pain, other. Treatment plan included a request for authorization for 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 2 times per week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

**Decision rationale:** The requested (Myofascial Release Therapy 2 times per week for 4 weeks), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "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." The injured worker has neck pain which radiates down the right upper extremity to the right hand and fingers. The pain is accompanied by numbness frequently in the right upper extremity to the level of the fingers. There are frequent muscle spasms in the bilateral neck area and further complaints of mid upper back pain. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, (Myofascial Release Therapy 2 times per week for 4 weeks) is not medically necessary.