

Case Number:	CM14-0166263		
Date Assigned:	10/14/2014	Date of Injury:	03/05/2014
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 23-year-old male with a 3/5/14 date of injury. At the time (9/17/14) of request for authorization for Myofascial trigger release 6 sessions, cervical lumbar bilateral upper extremity, there is documentation of subjective (chronic pain, low back pain, bilateral upper extremity pain, paresthesia over the forearms and hands, and neck pain) and objective (decreased cervical and lumbar range of motion, tenderness to palpation over the sacroiliac joint with hypermobility) findings, current diagnoses (lumbar sprain and cervical sprain), and treatment to date (at least 10 sessions of myofascial trigger release which are beneficial; acupuncture therapy, physical therapy, and medications). Medical report identifies a request for continued myofascial trigger release sessions in conjunction with aerobic exercises. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of myofascial trigger release sessions provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial trigger release 6 sessions, cervical lumbar bilateral upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper; Low Back, Massage Therapy and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals, and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a trial of 6 visits over 3 weeks of massage therapy, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, for patients with a diagnosis of lumbar and cervical strain. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and cervical sprain. In addition, there is documentation of at least 10 sessions of myofascial trigger release completed to date. Furthermore, there is documentation of objective functional deficits, functional goals, and massage used in conjunction with an exercise program. However, despite documentation that myofascial trigger release sessions have been beneficial for the patient, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of myofascial trigger release sessions provided to date. Therefore, based on guidelines and a review of the evidence, the request for Myofascial trigger release 6 sessions, cervical lumbar bilateral upper extremity is not medically necessary.