

Case Number:	CM14-0185633		
Date Assigned:	11/13/2014	Date of Injury:	09/17/2007
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

53-year old female with date of injury 9/17/2007 continues care with the treating physician. Her persistent complaints are neck pain and right posterior shoulder pain / aching numbness. She has tried heat, topical analgesics, non-steroidal anti-inflammatory drugs, home exercise, formal physical therapy and massage therapy. She has achieved some relief, though not consistent, from physical therapy and massage therapy. (At 7/14/2014 office visit patient notes 60% improvement in neck pain and rates pain 5/10, but at subsequent visits, including most recent 10/14/2014, neck pain is "unchanged" and rated 6/10.) As of 7/14/2014 office visit, patient reports myofascial therapy x 6 sessions has been "helpful" with pain. As of 10/14/2014 office visit, patient reports massage therapy at home has helped her pain as well. The records supplied do not indicate that patient has had any assessment of function or functional improvement with current / previous regimens / therapies. The treating physician requests myofascial therapy / deep tissue massage x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy/Deep Tissue Massage x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 200,207,Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 60.

Decision rationale: Per the MTUS Guidelines, massage therapy can be recommended as a treatment in addition to other recommended treatments (e.g. exercise). It is generally recommended to limit the number of massages to 4-6 visits. Available studies are not consistent, and lack long term evaluations. Massage has been shown to be helpful with musculoskeletal symptoms, but only during the therapy, and dependence on massage therapy is not recommended. Massage therapy is a passive therapy which does not have proven long term benefits. Massage therapy does have some good studies that support its use to reduce stress and anxiety. Per the ACOEM, while massage for acute/subacute cervicothoracic pain and chronic radiculopathy can be recommended for up to 10 sessions before transitioning to "conditioning therapy," the evidence to support the recommendation is lacking. Myofascial release, a soft tissue treatment technique that is most commonly used in the periscapular area to treat non-specific muscle soreness, is not recommended for acute/subacute /chronic cervicothoracic pain and chronic radiculopathy. For the patient of concern, the records indicate that she has already been receiving routine massage therapy, so further therapy would exceed the recommended limits of 6-10 visits total. Patient has also already received myofascial therapy x 6 which is not recommended for her pain issues regardless. Patient is participating in other exercise in addition to the massage therapy, and her pain is stable, not improved in months, based on the treating physician notes. The records supplied for review do not indicate any objective assessment of function / functional improvement with current regimen. As patient has already exceeded recommended number of massage sessions, and as myofascial therapy is not a recommended treatment for her condition, the request for Myofascial Therapy/Deep Tissue Massage x 6 is not medically necessary.