

Case Number:	CM14-0097834		
Date Assigned:	07/25/2014	Date of Injury:	07/03/2013
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 60-year-old female who reported an injury on 07/03/2013 who reportedly sustained injuries to her neck and right upper extremity. The injured worker's treatment history included trigger point injections, acupuncture sessions, physical therapy, medications, MRI studies, epidural steroid injections, and x-rays. Within the documentation submitted, the injured worker has been having ongoing cervical neck pain. It was noted the injured worker has had prior conservative care treatment to include physical therapy and acupuncture sessions since 09/25/2013. The injured worker had completed 10/10 sessions of occupational therapy and 9 sessions of acupuncture sessions; however, the outcome measurements were not submitted for this review. The injured worker was evaluated on 05/28/2014, and it was documented that the injured worker complained of neck pain, cervical radiculopathy to the upper extremity, exacerbated further with fall at work. The objective findings revealed neck, right upper extremity, erythema/edema, tenderness to palpation with spasm in the right par cervical muscles, trapezius, full range of motion but painful. Distal neurovascularity was intact. The diagnoses included repetitive strain injury of right upper extremity and right upper limb pain. Within the documentation, the provider noted the injured worker was working full duty with no restrictions and/or limitations. On 06/09/2014, the injured worker was evaluated and it was documented that the injured worker complained of persistent pain of the right shoulder blade area and neck. Diagnoses included repetitive strain injury of right upper extremity and right upper limb pain. Within the documentation, the provider noted the injured worker was working full duty with no restrictions and/or limitations. The Request for Authorization dated 06/10/2014 was for myofascial therapy, chronic right neck, trapezius pain. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy, chronic right neck, trapezius pain. Quantity 6: 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 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. Many studies lack long-term followup. 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. 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 psychologic domains. 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 patients and be able to refer patients to a qualified massage therapist as appropriate. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. The documents submitted indicated the injured worker has been receiving conservative care approximately since 09/25/2013 to include physical therapy and acupuncture sessions. However, the provider failed to indicate long-term goals for injured worker. As such, there is no rationale for additional therapy. The request for myofascial therapy, chronic right neck, trapezius pain: Quantity 6 is not medically necessary.