

Case Number:	CM14-0111520		
Date Assigned:	08/01/2014	Date of Injury:	02/16/2011
Decision Date:	01/02/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 16, 2011. In a Utilization Review Report dated June 18, 2014, the claims administrator failed to approve a request for myofascial therapy with deep tissue and trigger point massage to the cervical, thoracic and lumbar regions. The claims administrator stated that the applicant had had six sessions of prior myofascial therapy in October 2013 and two sessions of deep tissue myofascial therapy in March 2014, the latter of which the applicant self-procured, it was noted. The applicant's attorney subsequently appealed. In a March 5, 2014, progress note, the applicant reported ongoing complaints of shoulder and right upper extremity pain. Discrete tender points are noted about the neck and shoulder. The applicant was described as having limited shoulder range of motion with abduction limited to 100 degrees. The applicant was described as having diminished shoulder range of motion which was a longstanding finding, the treating provider noted. Deep tissue massage therapy/myofascial therapy was endorsed to address the applicant's myofascial pain. Work restrictions were endorsed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy with deep tissue trigger point massage 2x monthly x3months to cervical & thoracolumbar regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy page 60 Trigger point Injections Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Physical Medicine Page(s): 60, 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, the applicant had already had six prior myofascial release treatments or deep tissue massage treatments in 2013 alone. The earlier massage treatments did not appear to have effected any lasting benefit or functional improvement. The applicant was still described as using medications on a March 3, 2014, office visit, referenced above. Permanent work restrictions were, on that date, renewed. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite at least six prior sessions of massage therapy in 2013. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that passive modalities such as myofascial release and massage should be employed "sparingly" during the chronic pain phase of the claim. The request, thus, as written, is at odds with several MTUS principles and parameters. Therefore, the request is not medically necessary.