

Case Number:	CM15-0124485		
Date Assigned:	07/09/2015	Date of Injury:	11/27/2013
Decision Date:	08/05/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 53-year-old male who sustained an industrial injury on 11/27/2013. He reported neck and shoulder pain and pain in the left arm. The injured worker was diagnosed as having degeneration of cervical intervertebral disc. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of left sided neck pain accompanied by numbness and tingling with radiation to the left arm. The pain is constant but variable in intensity with a present rating of 8/10. The pain is intensified by neck flexion, overhead reaching, pulling or pushing objects and typing. It is alleviated by medications and position changes. He states his pain level is unchanged from his last visit and his function remains at a low level. A spine surgeon recommended a surgical fusion at C5-6-7 but he is reluctant to have surgery. An EMG/NCS (electromyogram/nerve conduction study) showed left carpal tunnel syndrome. The worker is attending physical therapy and has completed 6.10 sessions. On examination, he has 1+ deep tendon reflexes of the upper extremities with no myoclonus. His shoulder is elevated on the left side. There is tenderness noted over the midline of the cervical spine and trigger points are not present. The worker sits in a guarded position with left arm bent at the elbow and his head tilted to the left. Medications include Percocet, gabapentin, Tizanide. The pain interferes with sleep, but is improved with medications. The Percocet gives at least 40% improvement in pain level, he has stopped using Gabapentin for neuropathic pain due to lack of significant pain medication. He received no relief from a Medrol dose pack, and the Baclofen for muscle spasms gives at least 40% improvement in pain level

(worker would like to change to a different medication). His pain behaviors are within the expected context of disease. The treatment plan includes encouraging daily exercise, medications, and a request is written for myofascial release, six sessions to the upper back. A request for authorization is made for the following: Myofascial release 6 sessions upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 6 sessions upper back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The California chronic pain medical treatment guidelines section on massage states: 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. 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. (Hasson, 2004) 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. (Walach 2003) 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. (Corbin 2005) 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. (Mitchinson, 2007) Massage/myofascial release is a recommended treatment option per the California MTUS as an adjunct to exercise. The requested sessions are not in excess of recommendations and the request is medically necessary.