

Case Number:	CM15-0175107		
Date Assigned:	09/16/2015	Date of Injury:	01/07/2005
Decision Date:	10/19/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 1-7-05. The injured worker is undergoing treatment for chronic pain, cervical radiculitis, cervical fusion, lumbar disc displacement, failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar fusion and carpal tunnel syndrome. Medical records dated 8-6-15 indicate the injured worker complains of neck and back pain radiating to upper and lower extremities with numbness and tingling. She reports the left hand and fingers turning purple off and on. She reports pain is worsening since last visit and rates it 3 out of 10 on average with medication and 10 out of 10 on average without medication. Physical exam dated 8-6-15 notes cervical spasm, tenderness to palpation, myofascial trigger points, decreased range of motion (ROM) and positive Tinel's sign. There is lumbar tenderness to palpation and painful decreased range of motion (ROM). There is left shoulder and bilateral elbow, bilateral wrist and left thumb tenderness to palpation with positive Apply's. There is left shoulder decreased range of motion (ROM) and bilateral positive Tinel's sign. The knees have tenderness to palpation bilaterally, decreased range of motion (ROM) and right knee crepitation. Exam dated 8-6-15 indicates treatment has included, wrist splints, gastroenterology review, lumbar lysis of epidural adhesions-neuroplasty (3-17-15), cervical magnetic resonance imaging (MRI) revealing annular bulge (9-3-14), electromyogram (3-15-14) indicates carpal tunnel syndrome, and medication. The original utilization review dated 8-20-15 indicates the request for myofascial Release Therapy 2 times a week for 4 weeks is non-certified noting there is limited evidence of ongoing active skilled therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The claimant sustained a work injury in January 2005 and is being treated for radiating neck and radiating low back pain, abdominal pain, and secondary insomnia. When seen, she had off and on left hand discoloration. She was having gastrointestinal upset and constipation. Physical examination findings included appearing in moderate distress. There were multiple tender points and 18/19 fibromyalgia tender points were positive. There was decreased and painful spinal range of motion with cervical tenderness and trigger points. There was shoulder and knee tenderness and decreased shoulder range of motion. There was positive Tinel's testing bilaterally. There was right knee crepitus. Myofascial therapy 1-2 times per week for 8 weeks was requested. The claimant had not previously had this treatment. Myofascial release as a standalone treatment is considered a form of massage therapy. Massage therapy pain is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and no adjunctive treatment is being planned. The request was not medically necessary.