

Case Number:	CM15-0175185		
Date Assigned:	09/16/2015	Date of Injury:	04/18/2013
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
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: California, Indiana, New
York Certification(s)/Specialty: Internal Medicine

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 29 year old female, who sustained an industrial injury on 4-18-13. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; acupuncture; cervical epidural steroid injection (8-6-14); bilateral cortisone injections wrist (8-27-14); hand therapy treatment; trigger point injections; myofascial therapyx6; medications. Diagnostics studies included MRI cervical spine (2-4-14); EMG-NCV left upper extremity (2-6-14). Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of pain in the neck, bilateral shoulders, and bilateral arms with arm numbness and tingling and arm weakness. She reports pain is worse in the evening and made worse with heavy lifting, keyboard use, and mouse use and driving. She reports her pain is improved with medications, therapy and rest. The provider documents her current medications include: Flexeril 10mg, one-half tablet at bedtime with 30 dispensed. He reports her CURES report was negative. The provider documents a MRI of the cervical spine was obtained on 2-4-14 and revealed mild multilevel spondylosis. Electrodiagnostic studies were performed on 2-6-14, which showed bilateral denervation of the C6-7 muscles consistent with bilateral C6-7 radiculopathy. On 6-14-14 a cervical epidural steroid injection was done which the injured worker reported flared up her pain. An AME dated 10-2-14 felt the injured worker has bilateral upper extremity strain injury with bilateral de Quervain's tenosynovitis, bilateral wrist tendinitis, bilateral lateral epicondylitis, bilateral dorsal forearm tendinitis and thoracic outlet syndrome. She was then seen on physical medicine consultation 1-14-15 and reported neck pain radiating to both upper extremities. The consultation noted her subjective and objective findings were consistent with a repetitive strain

injury with myofascial pain syndrome of the neck and bilateral upper extremities. She was injected at the tender trigger points over the right and left upper trapezius, midscapular and scapular areas. Deep tissue trigger point massage-myofascial therapy was ordered. She continued to be followed by this provider and on 4-21-15, she reported feeling 25% improved. She reported the deep tissue myofascial therapy very helpful. Another trigger point injection was done at that time. On this date, the provider documents her pain severity as: "Most severe pain at the time of filling out this form was rated as 2; worst pain was rated as 7-8; average pain was rated as 3-4; pain aggravated with activity was rated as 5 and Frequency of pain was rated as 4." On physical examination, the provider documents: "Palpation: There is tenderness to palpation over the trapezius, midscapular and scapular musculature. The patient's muscles are tight. Range of motion shows flexion to 10 degrees, extension to 30 degrees, lateral bending (R-L) 20-20 degrees, rotation (R-L) 30-30 degrees." He documents the upper extremity examination: "no bony soft tissue abnormalities noted. There is diffuse tenderness to palpation over her upper extremities at the extensor greater than flexor muscles. There is a full range of motion of the shoulders, elbows, wrists and fingers. Tests for carpal tunnel syndrome show Phalen's test is slightly positive bilaterally. Test for ulnar neuropathy show tenderness in the ulnar groove. Tinel's test is slightly positive bilaterally. Tests for thoracic outlet syndrome show positive Adson's and Roos signs bilaterally. Finkelstein's test is negative. Grind test is negative." Recommendations for future care included ongoing exercise program, occupational physician visits and brief periods of physical therapy and prescriptions for anti-inflammatory medications. If symptoms increased, "re-evaluation for injection and for consultation with spine surgeon for consideration of epidural injections." He also notes "The patient may also require acupuncture and myofascial therapy 12 times a year. Trigger point injections may be required. The patient may require cognitive behavioral therapy." A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Myofascial therapy x 6 sessions for the neck and BUE. Utilization Review denied the requested treatment for not meeting the CA MTUS Chronic Pain Medical Treatment Guidelines (2009) Massage Therapy, page 60. The provider is requesting authorization of myofascial therapy x 6 sessions for the neck and BUE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy x 6 sessions for the neck and BUE: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, myofascial therapy times six sessions to the neck and bilateral upper extremity is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage

therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are repetitive strain injury with myofascial pain syndrome and bilateral upper extremities; EMG evidence bilateral C6 - C7 cervical radiculopathy (clinically not evident); and minimal degenerative cervical disc disease. Date of injury is April 18, 2013. Request for authorization is August 17, 2015. The most recent progress notes in the medical record is June 15, 2015. According to the June 15, 2015 progress note, the treating provider is requesting "six more" deep tissue myofascial sessions. There are no prior progress notes indicating the total number of myofascial therapy sessions. There is no documentation demonstrating objective functional improvement. Massage therapy should be limited to 4-6 visits in most cases. Subjective complaints include neck pain, bilateral shoulder and arms with numbness tingling and weakness. There are no compelling clinical facts indicating additional massage therapy over the recommended guidelines (unknown number of massage therapy sessions) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior myofascial therapy, no documentation indicating the total number of myofascial therapy sessions and no compelling clinical facts indicating additional physical therapy is warranted, myofascial therapy times six sessions to the neck and bilateral upper extremity is not medically necessary.