

<b>Case Number:</b>	CM15-0062846		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 7/20/09. He reported pain in the neck and right shoulder related to lifting a heavy object. The injured worker was diagnosed as having cervical discogenic disease. Treatment to date has included a cervical MRI, EMG study, physical therapy and pain medications. As of the PR2 dated 2/26/15, the injured worker reports continued neck pain that radiates into his hands. He does not want to start any new oral medication as they make him feel sleepy. The treating physician noted decreased cervical range of motion and bilateral trapezius muscle spasms. The treating physician requested a cervical myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial Release Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the bilateral hands. The current request is for Myofascial Release Cervical. The treating physician report dated 2/26/15 (59B) states, "Deep tissue massage myofascial release is the first thing I can think of to give him best muscle relaxation around his neck to try to ease the pain in his neck and shoulders." MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. In this case, while the patient may be a candidate for deep tissue myofascial release, the current request does not specify a quantity of massage sessions to be received by the patient and an open ended request is not supported. Recommendation is for denial and therefore is not medically necessary.