Northwest Utilization Review

UR 47 Massage (Soft Tissue/Myofascial Manipulation) Medical Necessity Criteria

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MEDICAL NECESSITY CRITERIA FOR MASSAGE (SOFT TISSUE/MYOFASCIAL MANIPULATION) THERAPY

Medical necessity criteria are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

PURPOSE

The purpose of these criteria and policy is to describe the policy and process requirements for massage (soft tissue/myofascial manipulation) and the medical necessity criteria for its coverage as a benefit.

DEFINITIONS

Maintenance Treatment/Therapy: Treatment once the functional status has remained stable for a given condition, without expectation of additional functional improvement; any treatment program designed to maintain optimal health in the absence of symptoms or in chronic conditions without exacerbation of symptoms.

POLICY AND CRITERIA

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy	Due to the absence of an NCD or LCD, Kaiser Permanente has chosen to use their own Clinical Review Criteria, “Massage (Soft Tissue/Myofascial Manipulation” for medical necessity determinations for Medicare members.

POLICY

When a member’s contract covers massage as a benefit, soft tissue/myofascial manipulation may be applied as part of an integrated physical therapy plan of care for the treatment of musculoskeletal neck and back conditions. A physician referral to physical therapy is required. The physical therapist will perform an evaluation, and designate treatment interventions based on their objective findings. Soft tissue/myofascial manipulation will be included only if determined to be clinically indicated. When included in the plan, soft tissue/myofascial manipulation will be of short duration, and specific to the region being treated.

CRITERIA

A. Appropriate standard medical treatment without significant improvements, will have been attempted.

B. Documentation of previous treatment and functional impairment, including relevant history, physical findings, and evaluation must be documented for determination of appropriateness and/or as part of work-up.

C. Significant, sustainable and measurable improvement must be evident after the initial trial of Physical Therapy treatments. If objective improvements are evident through documentation, additional Physical Therapy treatments may be clinically indicated. Services are not provided for on-going chronic or maintenance therapy.

D. Soft tissue/myofascial manipulation must be specific to the area involved and will not be applied for stress relief, palliative or maintenance treatment.

CONTRAINDICATIONS

Acutely inflamed joints, phlebitis (inflammation of vein(s)) or lymphangitis (inflammation of lymph vessel(s)) because of danger of embolism (obstruction of blood vessel), burns, acute dermatitis, local malignancy, osteomyelitis (inflammation of bone), local infection, advanced arteriosclerosis (hardening of arteries), advanced nephritis (inflammation of kidney(s)), and increased pain, swelling or stiffness in a joint persisting for more than two hours following the soft tissue/myofascial manipulation.

RATIONALE

EVIDENCE BASIS

A 2020 Agency for Healthcare Research and Quality (AHRQ) systematic review of noninvasive nonpharmacological treatment for chronic pain reports that massage improved function and/or pain for at least 1 month when used for chronic low back pain, neck pain, and fibromyalgia.[1] This review notes that effects across included studies were mostly small and that there was a paucity of long term evidence. [1] Additionally, no evidence suggested serious harms from massage, but data on harms was limited in the included studies.[1] A 2023 update to the Evidence Map of Massage Therapy produced by the VA Evidence-based Synthesis Program reports that 6 reviews published since 2018 show a potential benefit for massage therapy in patients with back pain, fibromyalgia, myofascial pain, and breast cancer-related pain with moderate certainty of evidence, whereas previously published reviews included conclusions of low and very low certainty of evidence, suggesting that conclusions of benefit of massage therapy have a stronger evidence base now than in 2018.[2]

Low Back Pain

A 2015 Cochrane systematic review of the effects of message therapy for people with low-back pain (primarily chronic or sub-acute low back pain) (k=25) reports improvements in pain outcomes and functional outcomes in the short term among those who received massage therapy compared to inactive control.[3] However, the quality of the underlying evidence in this review was judged to be “low” or “very low”, limiting confidence in the true effect of massage therapy for low-back pain.[3]

Neck Pain

A 2012 Cochrane systematic review of the effects of massage on neck pain (k=15) reports that massage may have a more beneficial effect on function and tenderness compared to control.[4] The reviewers rated the underlying evidence as low or very low quality and the majority of included studies did not adequately describe the massage technique and reported outcomes immediately post-treatment, which is too soon to determine clinical change.[4] Additionally, most studies did not report harms from massage and those that reported post-treatment pain, discomfort, and soreness as possible side effects of massage therapy.[4]

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