

Case Number:	CM13-0001404		
Date Assigned:	12/18/2013	Date of Injury:	09/25/2003
Decision Date:	05/07/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female with date of injury of 09/25/2003. The listed diagnosis per [REDACTED] is status post C6-C7 anterior cervical fusion. According to the report dated 06/20/2013, the patient is largely unchanged. She had an MRI revealing C6-C7 anterior cervical fusion but otherwise normal anatomy. There is no arthritis or disk disease. She continues to take Norco for pain. The treater is requesting 12 cervical massage therapy sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CERVICAL MASSAGE THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation NECK AND UPPER BACK COMPLAINTS,

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

Decision rationale: This patient presents with neck pain. The treater is requesting 12 cervical massage therapy sessions. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option in conjunction with other recommended treatments such as exercise

and should be limited to 4 to 6 visits. Additionally, massage therapy is a passive intervention and treatment dependence and should be avoided. Moreover, treatments such as these do not address the underlying cause of pain. The review of 40 pages of records do not show any recent or prior massage therapy visits to verify how many treatments the patient has received. In this case, the patient could benefit from a short course of massage therapy, but the requested 12 sessions far exceeds MTUS recommendations. Therefore, recommendation is for denial.