MAXIMUS Federal Services

Case Number:	CM13-0001556		
Date Assigned:	05/02/2014	Date of Injury:	01/30/2008
Decision Date:	06/10/2014	UR Denial Date:	07/02/2013
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 Occupational Medicine 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:

Injured worker is a female with date of injury 1/30/2008. Per primary treating physician progress report, the injued worker complains of cervical pain and low back pain that occurred as a result of work injury. She reports alleviating factors include heat, ice, and massage. The pain is described as aching, buring, stabbing, spasming and shooting. Severity of condition is a 6-7/10. She reports cervical pain is worese with turning the neck to the right or left. On exam gait and station reveal midposition without abnormalities. There is pain in the right thenar eminance. Muscle strength for all groups is 5/5. There is positive Tinel's across her wrists and elbows, positive Spurling's maneuver both left and right sided, some pain with Valsalva, and pain with rotational extension. Neck exam reveals pain to palpation over the C2-C3, C3-C4, and C5-C6 facet capsules, left, secondary myofascial pain with ropey fibrotic banding, and pain with rotational extension indicative of facet capsular tears left. Diagnoses include 1) cervical spine sprain 2) C4-C5 2 mm posterior central disc margin osteophye, C5-C6 disc dehydration with mild intervertebral disc height loss and 3-4 mm broad based posterior disc marginal osteophyte with focality of the posterior central and eleft paracentral regionwith a mild central canal stenosis, C6-C7 3 mm anteroposterior central disc bulge with indents the thecal sac 3) mild bilateral carpal tunnel syndrome, right worse than left 4) lumbosacral sprain 5) status post interlaminar epidural steroid injection at C6-C7 with symptoms of a dural puncture with new onset of migraine headaches 6) status post doral rami diagnostic blocks 7) central cord compromise at C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY, QUANTITY 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM JULY 2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatment such as exercise. The MTUS guidelines state that massage therapy should be limited to 4-6 visits in most cases. In this case, per the claims andministrator, the claimant has already had 19 masage therapy sessions since 12/2012. The injured worker reports that massage provides relief for her pain, but there is no evidence that these therapy sessions have provided improved function. Massage is a passive therapy that is recommended for short periods as patients transition to more active therapies. This injury occurred over 6 years ago, and continuous massage therapy sessions are not supported by the guidelines. The request for massage therapy, 18 sessions is not medically necessary and appropriate.