

Case Number:	CM13-0012019		
Date Assigned:	11/08/2013	Date of Injury:	10/10/2000
Decision Date:	03/04/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 54 year-old female sustained an injury on 10/10/00 while employed by [REDACTED]. The request under consideration includes massage therapy (cervical) 2 x 3. The diagnoses include cervical disc displacement without myelopathy; s/p cervical fusion, date unknown with hardware removal in February 2013. The report of 6/12/13 from [REDACTED] noted the patient has neck pain rated at 7/10; radiates from bilateral shoulders to neck and down bilateral hands with numbness and tingling in 3rd-5th digits of bilateral hands that has improved since hardware removal. There is stiffness in neck and bilateral shoulders which the claimant had massage therapy in the past with benefit and improved range of motion. The claimant continues to utilize medications with benefit and improved function. The appeal letter of 7/5/13 noted the patient's neck pain decreased from 8/10 to 4/10 with massage in the past. The request was non-certified on 7/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (cervical) two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 61.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2000 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The claimant's current work status is not provided. A short course may be appropriate during an acute flare-up, report of new injury or change in clinical evaluation; however, this has not been demonstrated nor is there any documented of significant pain relief in terms of decrease in pain medication dosing, clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The massage therapy (cervical) 2 x 3 is not medically necessary and appropriate.