

Case Number:	CM13-0014631		
Date Assigned:	10/04/2013	Date of Injury:	05/20/2002
Decision Date:	01/23/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/21/2013

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 & 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 39 year old female who reported an injury on 05/20/2002. The mechanism of injury information was not provided in the medical record. The patient's diagnosis included Cushing's syndrome. The most recent clinical note dated 09/09/2013 reported the patient continued to have complaints of pain. She continued to stand with a marked flexion at 15 degrees. There was marked paravertebral muscle splinting and spasm from L5 through the lower thoracic spine. Lumbar flexion and extension limited by pain. Continued pain noted to palpation to the sub-occipital musculature. Assessment revealed acute exacerbation of mechanical neck pain syndrome associated with cervical radiculopathy which is complicated by ligament instability in the cervical spine, osteonecrosis with compression fracture in the thoracic spine inducing increased thoracic kyphosis and abnormal posture. There was also noted acute exacerbation of mechanical low back pain syndrome associated with sciatica radiculopathy which is complicated by ligament instability in the lumbar spine. The patient was re-educated on the modified Mckenzie countertop assisted therapeutic exercise protocol and was able to demonstrate the exercise prior to leaving appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage therapy w/TheraStime 2 x 4, Sacral Plexus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states massage is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The requested service is for massage treatment, which exceeds the guidelines recommendation. Although there were benefits from the deep tissue massage treatments previously authorized, the guidelines clearly state massage visits should be limited to 6 visits. There is no clinical explanation provided in the medical record why additional massage therapy to exceed the recommended number of sessions is required at this time. As such, the request for deep tissue massage therapy w/TheraStime, 2 x 4, Sacral Plexus is non-certified.