

Case Number:	CM13-0019291		
Date Assigned:	12/11/2013	Date of Injury:	08/12/2003
Decision Date:	03/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 Texas. 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 65-year-old male who reported an injury on 08/12/2003. The mechanism of injury was not provided for review. The patient ultimately underwent cervical fusion and developed chronic neck, shoulder, and back pain. Clinical exam findings documented that the patient had pain rated at 9/10 to 10/10 with complaints of fatigue, pain, and stiffness, numbness, and tingling, depression, anxiety, and sleep problems. Physical findings included decreased range of motion of the cervical spine. The patient's diagnoses included chronic neck, shoulder, and back pain, status post cervical fusion, sleep disturbances, and depression. The patient's treatment plan included continuation of massage therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy 2x a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend massage therapy is limited to 4 to 6 treatments as an adjunct therapy to active therapy. The clinical documentation

submitted for review does indicate that the patient has previously received this type of physical therapy; however, the efficacy, duration, and frequency of that therapy were not provided. Additionally, there is no documentation that the patient is participating in any active therapy that would benefit from an adjunct therapy such as massage therapy. Also, the request as it is written does not provide a limitation of treatment. As the MTUS Chronic Pain Guidelines only recommend 4 to 6 visits, the unlimited number of therapy visits would not be indicated. As such, the requested additional massage therapy twice a week is not medically necessary and appropriate.