

Case Number:	CM13-0023108		
Date Assigned:	01/10/2014	Date of Injury:	11/13/2008
Decision Date:	06/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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:

The patient is an employee of [REDACTED] and has submitted a claim for dizziness, headache/facial pain, post contusion syndrome, cervical pain, low back pain and thoracic pain associated with an industrial injury date of November 13, 2008. Treatment to date has included oral analgesics, physical therapy, home exercises, and TENS. Medical records from 2013 were reviewed and showed increased neck and mid-back pain, headaches, anxiety, depression and poor sleep quality. Pertinent objective findings include restricted cervical ROM, spasms, tenderness, and tight back muscle. Spurling's maneuver caused pain in the neck muscles. A massage therapy chair was requested to address entire body pain. Also, massage therapy was recently authorized to evaluate and treat cervical spine/upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck And Upper Back Chapter, Massage Section.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Massage Section was used instead. The guideline recommends massage as an adjunct to an exercise program. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain. Mechanical massage devices are not recommended. In this case, a massage therapy chair was requested to address entire body pain particularly at the head, neck, upper back, and down the entire body. However, there is no discussion concerning the necessity for a separate mechanical massage device when massage therapy was already authorized. The medical necessity has not been established. The guidelines do not support the use of mechanical massage devices. Therefore, the request for a massage therapy chair is not medically necessary.