

Case Number:	CM13-0023364		
Date Assigned:	12/18/2013	Date of Injury:	06/10/2013
Decision Date:	04/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 a 36 year old female who was injured on 06/10/2013. She went to grab a monitor and felt a burning sensation and tearing in her neck and mid back. Diagnostic studies reviewed include an MRI of the cervical spine performed on 08/21/2013 that revealed Grade 1 retrolisthesis of C5 on C6 without significant central canal stenosis, although there is mild bilateral foraminal stenosis at this level; otherwise, there is no evidence of significant degenerative disease or acute abnormality within the cervical spine; and single abnormal partially visualized thoracic level at T4-T5 with fibrovascular endplate changes and a circumferential disc bulge, without significant central canal or foraminal stenosis. A progress report dated 07/02/2013 documented objective findings on exam to reveal cervical spine evaluation disclosed lateral rotation of approximately 20 degrees. Extension was approximately 20 degrees. Cervical flexion was 45 degrees. There was pain at the endpoints of motion. The patient had a positive Spurling's sign noted in the right upper extremity. The examination of the thoracic spine demonstrates spasms in the mid thoracic spine. There was tenderness at the scapular junction. Her motor examination was felt to be normal in all major muscle groups of the bilateral upper extremities with the exception of 4/5 strength in bilateral finger extensors. There was no evidence of atrophy or abnormal movements; Sensory examination was normal to light touch and pinwheel and with exception of diminished sensation in the right. The patient was noted to have 0-1+ reflexes in the biceps, triceps and brachioradialis bilaterally. The patient had no evidence of impingement in the shoulders with full range of motion without pain; local inspection shows no step-off or bruising; cervical alignment is normal. A progress report dated 07/16/2013 indicated the patient reported she had just begun physical therapy and has only been to one session so far. The patient still very frustrated with current pain symptomology and lack of progress. There have been no significant changes in the current symptoms. A progress report

dated 07/30/2013 indicated the patient was in for a follow up for the cervical spine and states there has been no improvement in pain. A progress report dated 08/13/2013 documented the patient to have complaints of severe neck and left arm pain. Objective findings on exam revealed the patient was tearful on examination. The cervical spine evaluation disclosed lateral rotation of approximately 20 degrees. Extension was approximately 20 degrees. The cervical flexion was 45 degrees. There was pain at the endpoints of motion. The patient had a positive Spurling's sign noted in the left upper extremity. Her motor examination was felt to be normal in all major muscle groups of the bilateral upper extremities with exception of hand intrinsics graded on the left at 4/5. There was no evidence of atrophy or abnormal movements; sensory examination was normal to light touch and pinwheel with exception of diminished sensation in the left C6 distribution. The patient was noted to 0-1+ reflexes in the biceps, triceps, and brachioradialis bilaterally. A progress report dated 08/22/2013 documented the patient to have complaints of pain between shoulder blades, night pain, and difficulty sleeping. Objective findings on exam revealed normal gait. The examination of the left upper and right upper extremity demonstrated no asymmetry, Final Determination Letter for IMR Case Number [REDACTED] masses or effusions; bilateral upper extremities demonstrated no subluxation, laxity or instability. The cervical spine evaluation disclosed lateral rotation of approximately 20 degrees; extension was approximately 45 degrees; cervical flexion was 60 degrees. There was pain at the endpoints of motion. The patient had a negative Spurling's sign note bilaterally; motor examination was felt to be normal in all major muscle groups of the bilateral upper extremities. There was no evidence of atrophy or abnormal movements. The patient was noted to have normal coordination with normal reflexes throughout, graded as 0-1+ and symmetrical. There were no pathologic reflexes evident; sensation was normal to light touch and sharp throughout. The patient was diagnosed with cervical disc displacement and brachial neuritis not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY 2X A WEEK FOR 4 WEEKS FOR THE NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CERVICAL AND THORACIC SPINE DISORDERS.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, massage as a 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. 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 medical records do not establish that the patient has been currently actively utilizing a self-directed home exercise program or attempting self-directed palliative measures, such as ice or heat. In addition, it is not established that the patient presents with clinically significant exacerbation/flare or worsening of symptoms and findings on examination as to warrant consideration of introducing additional adjunctive palliative intervention. Therefore, the requested massage therapy is not medically necessary or appropriate at this time.