

Case Number:	CM13-0029838		
Date Assigned:	11/01/2013	Date of Injury:	11/08/2008
Decision Date:	01/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 55-year-old male who reported an injury on 11/08/2008. The mechanism of injury was not provided. The patient was noted to state that he felt like his neck was heavy, and there was a pulling sensation downward, and the patient was noted to have to prop his head up with his hand. The patient was noted to have 8 sessions of therapy but had not gone in awhile. It was noted that the patient had a lot of fibrosis in the neck musculature. The diagnosis was noted to be spondylolisthesis, and the request was made for 6 massage therapy sessions with ultrasound for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy with ultrasound for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 123.

Decision rationale: The California MTUS Guidelines recommend massage therapy as an option for up to 4 to 6 visits. Additionally, ultrasound is not recommended. The clinical documentation submitted for review indicated that the patient had 8 sessions of therapy. The physician was

noted to recommend an ultrasound and massage therapy for 8 visits. It was noted that the patient had fibrosis in the neck musculature and had a pulling sensation downward, and the neck felt heavy. However, the clinical documentation submitted for review failed to provide exceptional factors to warrant the use of ultrasound. Given the above, the request for massage therapy with ultrasound for the cervical spine is not medically necessary.