

Case Number:	CM13-0030628		
Date Assigned:	11/27/2013	Date of Injury:	01/10/1999
Decision Date:	02/10/2014	UR Denial Date:	09/05/2013
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 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 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 56 year old female with a date of injury of January 10, 1999. The body parts accepted for this claim of the neck, back, psyche. The patient is currently retired and as a diagnosis of cervical degenerative disease and L4 -5 disc degeneration. The patient has been treated with medications and massage therapy. The patient has symptoms of non-radiating neck and lumbar pain. She is taking Norco, Flexeril, and Ambien. The patient apparently has a course of massage therapy at lease once a year since the date of injury. There is an appeal dated September 4, 2013 regarding massage therapy. The appeal states massage therapy reduces the patient's need for medications and also has been recommended by an agreed medical examiner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapist for Myofascial release, 6 sessions, 1xmonth for 6 months for cervical:
Overturned

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

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

Decision rationale: This therapy is appropriate, as it helps reduce the nation's dependence on medications. MTUS does originally state that massage therapy should be limited to 4-6 visits in most cases. However the guidelines do support massage as an effective care in chronic pain syndromes. The guidelines do not support massage when the underlying causes of pain have not been addressed, however this patient has been deemed MMI, therefore it is assumed that the causes have been completely addressed. The request for massage therapy one time a month is therefore appropriate.