

Case Number:	CM13-0037311		
Date Assigned:	12/13/2013	Date of Injury:	09/12/2008
Decision Date:	05/14/2014	UR Denial Date:	08/21/2013
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 Family Practice 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 51-year-old female who reported an injury on 09/12/2008. The mechanism of injury was not stated. The patient is currently diagnosed with cervical pain, shoulder pain, and lumbar disc bulge. The patient was seen by [REDACTED] on 09/09/2013. The patient reported persistent pain. Physical examination revealed decreased range of motion, tenderness to palpation, positive straight leg raising bilaterally, and diminished strength. Treatment recommendations included additional massage treatments and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY (97124) X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

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

Decision rationale: California MTUS Guidelines recommend massage therapy as an adjunct to other recommended treatment. As per the documentation submitted, the patient has previously participated in a course of massage therapy. However, there was no documentation of the

previous course. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Additionally, there is no indication that this patient is actively participating in a functional rehabilitation program to be used in conjunction with massage therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.