

Case Number:	CM13-0044162		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2002
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Emergency 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 was injured on January 30, 2002 and a subsequent utilization review dated October 23, 2013 denied a request for massage therapy. The reviewer indicates that this request was denied secondary to a lack of documentation that the massage therapy was being used as an adjunct treatment. The most recent progress note with regards to this review is dated August 27, 2013. This note indicates that the claimant returns for reevaluation with complaints of neck pain at the previous epidural steroid injection site. The patient is documented as undergoing an intralaminar epidural steroid injection at C7-T1 on February 22, 2013. The patient is documented as having the same pain as prior to the injection. The pain is documented as radiating from the posterior neck to the posterior shoulders, posterior upper arm, forearm, elbow, and hand bilaterally. The patient is documented as having limited functional capacity. Specifically, the patient notes limitation with using the arms, back, hands, neck, and shoulders. The patient also documents pain with bending, crawling, climbing, lifting over 8 pounds, and reaching. The physical examination documents a normal blood pressure with regular respiratory and heart rate. Spurling's maneuver is documented as being positive and reproducing bilateral pain in the C4, C5, and C6 dermatomes. General muscle strength is documented as +4/5. Tenderness to palpation is noted throughout the cervical spine, and active range of motion is reduced. Neurological testing documents normal sensation in all areas. The treatment plan indicates a need for repeat cervical epidural steroid injection, medication refill, and a repeat office visit in one month. An order for 16 massage therapy visits was placed, but the clinician does not provide further notes or discussion with regards to this order, the number of visits, or if the claimant has previously utilized this modality. A prior note, dated July 1, 2013, documents that the claimant responded well to the previous cervical epidural steroid injection that was performed 3 months prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines recommend massage therapy as an adjunct to other recommended treatment such as exercise. The MTUS also notes that 4-6 visits are sufficient in most cases. Based on the clinical documentation provided, the clinician request 16 massage therapy visits and does not indicate that this was being used as an adjunct treatment to improve functional limitations. Additionally, the clinician does not give justification for deviation guidelines or reasoning for why 16 visits are medically necessary. As such, in accordance with the MTUS guidelines, the requested 16 massage therapy visits are not medically necessary.