MAXIMUS Federal Services

Case Number:	CM13-0048853		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2007
Decision Date:	04/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 64-year-old female who suffered an industrial injury on 09-01-2007. The injury was primarily to her cervical spine, and she has a well- documented decreased cervical range of motion in flexion, extension and side bending, along with radiation of pain to her right elbow. The attending physician wrote on 10-11-13 that the patient had posterior neck pain with some muscle tightness, and that she reported that massage therapy had significantly improved her symptoms. He added that the patient took Tramadol on an as needed basis for her symptoms, but did not need to take it as frequently following massage sessions. Her physical exam noted severe deficiencies in cervical range of motion in flexion, extension, and lateral flexion. Her diagnoses were 1. Cervical spondylosis; 2. Right upper extremity radiculopathy; 3. Bilateral carpal tunnel syndrome. She was already permanent and stationary. A request was made by her attending physician for massage therapy once a month for six months. He noted that this therapy had alleviated her symptomatology in the past and decreased her usage of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MASSAGE THERAPY 1X6: 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.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends massage therapy if it is an adjunct to other recommended treatment (e.g. exercise). The therapy should be limited to 4-6 visits in most cases. Scientific studies have shown contradictory results of efficacy. In this case, the claimant has had more than 6 sessions of massage therapy and an additional 6 sessions is requested. The record documents a decrease in need for medication, but otherwise no functional improvement. Therefore, there is no documented medical necessity for an additional 6 months of massage therapy.