

Case Number:	CM13-0057244		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2002
Decision Date:	04/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported injury on 05/16/2002. The mechanism of injury was noted to be a cumulative trauma. The patient's diagnoses were noted to include status post posterior cervical foraminotomy, status post revision anterior/posterior cervical discectomy and fusion C2-C6, and status post cervical tumor resection. The patient complained of headaches that were significantly improved from prior to surgery and neck pain and spasms that were improved with massage and acupuncture therapy. The request was made for 12 additional sessions of massage therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 12 additional sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Guidelines recommend massage therapy limited to 4 to 6 visits in most cases. There is a lack of long-term benefit that could be due to the short treatment period or treatment such as these that do not address the underlying causes of pain.

Massage was noted to be beneficial during treatment. There was a lack of documentation indicating the quantity of sessions the patient had previously participated in. Additionally, there was a lack of documentation of objective decrease in the patient's pain per visual analogue scale (VAS) score. Given the above, the request for massage therapy 12 additional sessions for the cervical spine is not medically necessary.