

Case Number:	CM13-0066382		
Date Assigned:	01/08/2014	Date of Injury:	11/29/2010
Decision Date:	08/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 55 year old female who was injured on 11/29/2010. The mechanism of injury is unknown. Prior treatment history has included myofascial release therapy which worked very well. The patient has also had cervical epidural steroid injections. Physical therapy did not diminish the pain and spasm. An office visit dated 12/13/2013 documented the patient to have complaints that she continued to suffer greatly with severe bilateral trapezius muscle spasm and neuropathic pain down both arms. The objective findings on exam (which are essentially unchanged since 02/18/2013 examination), revealed the patient to be very anxious and worried. The Musculoskeletal exam revealed tenderness in the paratrapezius area with normal range of motion of both shoulders and the neck with severe spasm in bilateral trapezius muscles. The cervical spine had tenderness with limited range of motion and symptoms of sciatica. There was tenderness of the thoracic spine with limited range of motion; deep tendon reflexes are intact. It was recommended that the patient needed myofascial release therapy twice a week for 1 month and massage therapy to evaluate for degenerative disc disease, cervical 1x per week for 1 month. An office visit dated 11/08/2013 indicated the patient to have severe trapezius muscle pain with a strong neuropathic component down both arms due to degenerative disc disease of the cervical spine. She could not use her shoulders at all as she could not even abduct them to 20 degrees without pain and the nerve component was present all of the time. Her strength level was very low because of the severe pain. The only way the patient was able to work at all on a light duty was because she choose to pay out of her own pocket an expense. The patient was recommended to undergo massage therapy with the current therapist twice a week for 1 month then to re-evaluate. An office visit dated 10/11/2013 indicated there was no neuropathic component to the pain at this visit. The examination was the same as documented exam on 12/13/2013. An office

visit dated 09/13/2013 stated the patient felt better with the myofascial release therapy. Her pain and spasm were less and so was her cervical mobility and neuropathic component is also less.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY TWICE PER WEEK FOR ONE MONTH QTY: 8.00: Upheld

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

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

Decision rationale: Per CA MTUS Guidelines, massage therapy is recommended as an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The patient has had an unknown number of massage therapy visits. The patient has had ongoing complaints and unchanged objective findings since February 2013. This is despite her going to massage therapy on her own accord. The guidelines further do not recommend this as an ongoing treatment modality. As such, the medical necessity for massage therapy has not been established.