

Case Number:	CM13-0071216		
Date Assigned:	01/08/2014	Date of Injury:	07/13/2000
Decision Date:	04/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery 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 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:

This 57-year-old male sustained an industrial injury on July 13, 2000 relative to lifting a compressor off the ground. Injury to multiple body parts was documented. The patient had undergone a total of 26 surgeries since 2000 including two neck surgeries including revision of fusion C4/5, C5/6, and C6/7 in 2011, bilateral hands (several times), bilateral elbows (2 right, one left), right knee arthroscopy, bilateral shoulder, lumbar disc replacement 2005 and lumbar L5/S1 fusion in 2011. He underwent anterior partial L5 and S1 corpectomies, removal of L5/S1 disc replacement, and anterior L5/S1 fusion with structural allograft and instrumentation on June 21, 2013. Right wrist/hand fusion was performed October 15, 2013. The patient is using a spinal cord stimulator. Physical therapy, chiropractic, acupuncture, injections, and massage have all provided temporary relief. He had a transcutaneous electrical nerve stimulation (TENS) unit; however placing the pads on his back was difficult for him to reach. The November 20, 2013 treating physician report indicated that the pain was unchanged since the last visit. Right leg cramping was reported. Medications were working well, except for issues of decreased libido and sexual side effects with Prozac. The patient was not trying any other therapies for pain relief. Physical exam findings documented mild to moderate loss of cervical range of motion with crepitus, positive cervical mechanical signs, cervical paravertebral muscle and facet joint tenderness, mild to moderate loss of lumbar range of motion, symmetrical upper and lower extremity deep tendon reflexes, symmetrical 5-/5 to 5/5 lower extremity strength, and decreased right L5 and left S1 dermatomal sensation. The patient had completed massage therapy and found it beneficial; further sessions were recommended but the patient declined. He requested an elite massage chair so that he could have therapy at home to avoid scheduling conflicts. He stated he would rather have this therapy versus a personal trainer. The December 16, 2013 appeal stated that the elite massage chair was to address myofascial pain. The patient had previously

trialed this machine and noted that it helped more than any other therapy he has trialed in the past. The patient stated that this would substitute for massage visits and enable him to be treated in his own home. He was hopeful that this would improve his function, sitting/standing, and activity tolerance and relax him to improve his sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request to purchase an Elite Massage Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

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

Decision rationale: The California MTUS guidelines recommend massage as an option when used as an adjunct to other recommended treatment (e.g. exercise), but limited to 4 to 6 visits in most cases. Guidelines state that massage is a passive intervention and treatment dependence should be avoided. A home massage chair would not meet the definition of durable medical equipment, as it is presumptively non-medical. Medical equipment is equipment, which is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. The request for an Elite massage chair is not medically necessary.