

Case Number:	CM14-0003259		
Date Assigned:	01/31/2014	Date of Injury:	02/23/2012
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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 is a 44-year-old male who has submitted a claim for neck pain, mid and low back pain, associated with an industrial injury date of February 23, 2012. Medical records from 2012 through 2014 were reviewed; the latest of which was a progress report dated December 20, 2013, which showed that the patient complained of persistent pain on the neck and back which radiated to bilateral legs. Physical examination of the cervical spine showed tenderness at the paracervical and trapezius muscles. There was tenderness of the paravertebral muscles. There was loss of lumbar lordosis. Range of motion was restricted on all planes. EMG/NCS study, dated 02/13/2013, did not show any cervical radiculopathy. Treatment to date has included massage therapy, physical therapy, acupuncture, chiropractic therapy, injection therapy and medications. The utilization review from December 16, 2013 denied the request for 6 additional sessions of massage therapy for the cervical spine, 2 times a week for 3 weeks because there was no documentation concerning the total number of previous sessions attended and functional improvement derived from it.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SESSIONS OF MASSAGE THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. In this case, a progress report, dated 12/20/2013, stated that the patient had a trial of massage therapy on his neck and back which helped alleviate his muscular symptoms by 70%. It likewise helped him perform household chores after work. However, the total number of treatment sessions is unknown due to lack of documentation. It is important to determine the number of sessions completed to date in order not to exceed guideline recommendations. Therefore, the request for massage therapy 2 times a week for 3 weeks for the cervical spine is not medically necessary.