

Case Number:	CM14-0003856		
Date Assigned:	02/03/2014	Date of Injury:	08/01/1992
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 an employee of [REDACTED] and has submitted a claim for neck pain associated with an industrial injury date of 08/01/1992. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, cervical discectomy and fusion at C5-C6, and cervical epidural steroid injections. Medical records from 1998-2013 were reviewed showing the patient complaining of chronic neck pain. Her pain radiates down into her right clavicle region and right arm. She has bilateral upper extremity pain worse on the right compared to the left. She has intermittent transitory pain in her left arm, and difficulty grasping and twisting objects with her right arm. On cervical spine examination, there is decreased sensation in the right C5-C7 dermatome and on the left C6 dermatome. She experiences shooting pain down the right C8 dermatome. Motor function is 5/5 on the upper extremities bilaterally and there is positive Spurling maneuver on the right arm. DTRs are 2+ bilaterally to the left triceps, brachioradialis and biceps and 3+ on the right biceps. The most recent MRI of the cervical spine dated 10/31/13 showed multi-level disc osteophyte complexes most prominent at C3-C4 and C4-C5; at C5-C6, solid fusion is seen on the anterior intervertebral disc space with mild uncovertebral spurring and mild central canal narrowing and mild bilateral neural foraminal narrowing; other levels with mild or mild to moderate neural foraminal narrowing and central narrowing. Utilization review from 12/11//2013 denied the request for massage therapy for the cervical spine, 6 visits. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY FOR THE CERVICAL SPINE, 6 VISITS: 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 Page(s): 60.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on massage therapy page 60 states that massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise) and is limited to 4-6 visits. In this case, the patient was given the option to try massage therapy to help loosen up trigger points in the trapezius muscle and her paraspinal muscles after her recent cervical epidural steroid injection. However, it is unclear if she currently has a home exercise program, a required adjunct to massage therapy. Medical records do not provide evidence that the patient is currently participating on such. Therefore, the request for massage therapy for the cervical spine, 6 visits is not medically necessary.