

Case Number:	CM14-0005413		
Date Assigned:	02/07/2014	Date of Injury:	04/10/2001
Decision Date:	06/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation 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 cervical sprain with radiculopathy associated with an industrial injury date of April 10, 2001. Medical records from 2004-2014 were reviewed showing the patient having persistent numbness of the hands and feet, muscle pain and intense back and chest pain grade 8/10. The pain is characterized as strong, upsetting, severe and unbearable. Physical examination showed decreased range of motion on the cervical, thoracic and lumbar spine. There was also noted paraspinal muscle spasms. There was positive Romberg's sign on the right. Motor strength was 3/5 on all extremities. Sensation was intact. Treatment to date has included medications, acupuncture, physical therapy, massage therapy, physiotherapy and chiropractic therapy. Utilization review, dated December 30, 2013, denied the request for massage therapy for 10 weeks because there was no new clinical indication for additional treatment.  

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2 X WEEK FOR 10 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , NECK AND UPPER BACK,

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, it is not clear whether the patient previously had massage therapy. The reason for requesting massage therapy was not mentioned in the medical records. It is unclear if he currently has a home exercise program, a required adjunct to massage therapy. In addition, the current request failed to specify the body part to be treated. The requested number of therapy sessions likewise exceeded the guideline recommendation. Therefore, the request for MASSAGE THERAPY 2 X WEEK FOR 10 WEEKS is not medically necessary.