

Case Number:	CM14-0007887		
Date Assigned:	02/10/2014	Date of Injury:	11/14/2011
Decision Date:	06/24/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/21/2014

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 date of injury in this case is 11/14/2011. The patient's diagnoses include cervical spondylosis, cervical myofascial strain, and a right C8 radiculopathy. Past treatment has included medications, massage, acupuncture, and craniosacral therapy. On 12/17/2013, a treating physician's permanent and stationary report notes that the patient was seen in a final evaluation regarding her cervical injury. The patient reported ongoing neck pain improved significantly with craniosacral therapy. The patient was waiting approval for chiropractic treatment. She was also working full duty. Plain films of the cervical spine 10/15/2013 had shown mild spondylosis with no significant degenerative changes. Electrodiagnostic studies of 04/04/2013 were noted to have shown a right C8 radiculopathy. The treating physician recommends continuing Naprosyn, as well as massage therapy monthly and consideration of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY ONCE MONTHLY FOR 6 MONTHS PER 12/19/13 FORM. QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA MTUS ACEOM, CHRONIC PAIN, 60

Decision rationale: The California Medical Treatment Utilization Schedule and Chronic Pain Medical Treatment Guidelines section on massage therapy recommends that this should be limited to 4-6 visits in most cases. This guideline cautions that massage is a passive intervention and treatment dependence should be avoided. The treatment guidelines do not support an indication for massage on an ongoing basis for this injury, which is over 2 years old. The medical records discuss largely subjective improvement but do not provide a rationale for continuing massage and other passive interventions rather than an active independent rehabilitation program, as recommended by the treatment guidelines. This request for Massage Therapy Once Monthly For 6 Months Per 12/19/13 Form, Qty: 6.00, is not medically necessary.