

Case Number:	CM14-0008791		
Date Assigned:	02/12/2014	Date of Injury:	03/14/2011
Decision Date:	08/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Pain 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:

This is a 57-year-old female patient who sustained an industrial injury on 03/14/2011 and is diagnosed with cervicgia, back ache NOS, joint pain shoulder, long-term use of medications, therapeutic drug monitor, cervical spinal stenosis, psychogenic pain, depressive disorder, and cervicgia. A request for massage therapy sessions at 1-2 times per week, neck, left-sided head, left shoulder quantity 12 was modified at utilization review on 01/13/14 to certify 4 sessions with the reviewing physician noting that the patient has continued neck pain, upper extremity and back pain despite conservative management to date and is consistent with guidelines when modified to 4 sessions. Previous treatment included work modifications, medication management, physical therapy, and massage therapy. On 12/23/13 the patient reported complaints of neck, upper extremity and back pain, as well as pain all over her body. She reported spasm and stiffness in the left side of the neck. She tried Prozac but stopped it because she did not like the way she felt on it. She also stopped the Lyrica because she felt weird on it. She received a quad cane and has been using this. An EMG of the upper extremities performed on 1/21/13 reportedly showed moderate median mononeuropathy at the right wrist. Lumbar spine MRI performed 07/26/12 reportedly showed L3-4 disc protrusion with mild foraminal stenosis; L5-S1 disc protrusion with minimal posterior displacement of the left S1 nerve root. MRI of the cervical spine performed on 05/30/08 revealed C2-3 mild posterior disc/osteophyte complex with mild abutment of the anterior cervical cord, C3-for minimal central canal stenosis and mild bilateral foraminal narrowing, C4-5 mild central canal stenosis and bilateral foraminal narrowing, C5-6 moderate to severe central canal stenosis and severe bilateral neural foraminal narrowing. On 03/14/14 the patient reported she does not have much in the way of a home exercise program established. She tries to walk for exercise but has not been doing this consistently. Most recent progress note dated 05/30/14 revealed the patient presented with

continued complaints of low back pain radiating down her left leg. It was noted she sought [REDACTED] [REDACTED] for a QME and he was in agreement with surgery. Physical examination revealed lumbar range of motion was restricted. Patient has weakness in the left calf. There was a positive straight leg raise on the left. Deep tendon reflexes were unobtainable. Recommendation was to undergo a left L5-S1 microlumbar discectomy, continue medications, and follow-up at 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY SESSIONS AT ONE TO TWO TIMES A WEEK, NECK, LEFT SIDE HEAD, LEFT SHOULDER QUANTITY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

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

Decision rationale: The California MTUS guidelines regarding Massage Therapy state Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the patient had a chronic injury from 2011. The patient reported she did not have a good home exercise program in place and was inconsistently walking for exercise. Passive modalities such as massage therapy are generally not recommended, particularly as an isolated intervention. In this case, the prior utilization review modified the request for 12 sessions, which was an excessive quantity, to allow for 4 sessions, which would have been reasonable. However, 12 sessions of massage therapy would be considered excessive and unlikely to result in any significant functional benefit. Therefore, the requested massage therapy sessions at 1-2 times per week, neck, left-sided head, left shoulder quantity 12 was not medically necessary and is not medically necessary.