

Case Number:	CM14-0108354		
Date Assigned:	08/01/2014	Date of Injury:	06/17/1996
Decision Date:	10/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 69 year old female who reported an injury on 06/17/1996; the mechanism of injury was not indicated. The injured worker had diagnoses including failed cervical spine, cervical spondylosis with myelopathy, cervicalgia and headache. Prior treatment included physical therapy and chiropractor. Diagnostic studies included an MRI of the lumbar spine and x-rays of the lumbar spine. The injured worker underwent cervical spine surgery 1997, lumbar spine surgery 1998, cervical spine fusion at C6-T1 on 04/30/2013 and an updated cervical spine fusion that involved the C3-T1. The injured worker was having increased pain and spasms primarily in her neck and shoulder. The injured worker complained of daily headaches and flare-ups of pain due to traveling and sitting of prolonged period. Cervical spine pain was rated 6-8/10, and radiated down to the bilateral scapula, elbows, and hands. The clinical note dated 06/05/2014 reported decreased cervical spine and lumbar spine range of motion with tenderness upon palpation of the cervical spine and lumbar spine muscles. Medications included Wellbutrin, Zanax, Celebrex and Flexeril. The treatment plan included a request for a massage therapy two times a week for two weeks, lumbar and for massage therapy two times a week for two weeks, cervical. The rationale for the request for massage therapy two times a week for two weeks, lumbar and for massage therapy two times a week for two weeks, cervical was to lessen the injured worker's pain and improve range of motion in the lower back. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy Two Times a Week for Two Weeks, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy.

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

Decision rationale: The request decision for Massage Therapy Two Times a Week for Two Weeks, Lumbar, is not medically necessary. The injured worker had decreased cervical spine and lumbar spine range of motion with tenderness upon palpation of the cervical spine and lumbar spine muscles. The California MTUS guidelines note massage treatment should be used as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. There is a lack of documentation provided indicating that this passive modality will be used as an adjunct to facilitate progress to an active form of treatment to improve function. The requesting physician did not an assessment of the injured worker's condition which demonstrated the injured worker had significant objective functional deficits which may benefit from massage therapy. Therefore the request for Massage Therapy Two Times a Week for Two Weeks, Lumbar is not medically necessary.

Massage Therapy Two Times a Week for Two Weeks, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 63.

Decision rationale: The request decision for Massage Therapy Two Times a Week for Two Weeks, Cervical is not medically necessary. The injured worker had decreased cervical spine and lumbar spine range of motion with tenderness upon palpation of the cervical spine and lumbar spine muscles. The California MTUS guidelines note massage treatment should be used as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. There is a lack of documentation provided indicating that this passive modality will be used as an adjunct to facilitate progress to an active form of treatment to improve function. The requesting physician did not an assessment of the injured worker's condition which demonstrated the injured worker had significant objective functional deficits which may benefit from massage therapy. Therefore the request for Massage Therapy Two Times a Week for Two Weeks, Cervical is not medically necessary.

