

Case Number:	CM14-0012933		
Date Assigned:	05/14/2014	Date of Injury:	05/22/2013
Decision Date:	07/10/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/31/2014

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 18 sessions of physical therapy to date, per the claims administrator; and cervical MRI of November 21, 2013, notable for a low-grade 1 mm disk bulge at C5-C6 of uncertain clinical significance. In a utilization review report dated March 17, 2014, the claims administrator apparently partially certified a request for 18 sessions of physical therapy as three sessions of physical therapy, for home exercise transition purposes. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines, which had mislabeled as originating from ACOEM. In a utilization review report of December 24, 2013, the claims administrator apparently denied a request for six to eight session of massage therapy, noting that the applicant had undergone other treatment modalities over the life of the claim. The claims administrator stated that the massage therapy might theoretically aggravate the applicant's symptoms of suspected chronic regional pain syndrome. It was not clearly stated whether or not (or if) the applicant had had earlier massage treatment. In a mental health note, not clearly dated, seemingly faxed on May 15, 2014, the applicant was given diagnoses of major depressive disorder (MDD) with a result in Global Assessment Functioning (GAF) of 59. The applicant is asked to continue Lexapro, Ativan, psychotherapy, and medication management visits. On January 13, 2014 the applicant was described as having persistent neck and arm pain. It was stated that the applicant had been advised against manipulative treatment. The applicant was placed off of work "indefinitely." On December 5, 2013, the applicant was again placed off of work, on total temporary disability, and asked to employ a Medrol Dosepak and obtain a trial of massage therapy on the order of six to eight sessions. The applicant was again placed off of

work. A psychological treatment and anesthesiology consultation were sought. The remainder of the file was surveyed. There was no explicit mention of the applicant having had earlier massage therapy. It appears, moreover, that the applicant has been kept off of work for amounting to several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 6-8 SESSIONS RIGHT NECK/ ARM QTY8.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is weekly recommended as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, while approval request does represent treatment slightly in excess of the MTUS parameters, partial certifications are not permissible through the independent medical review process. Nevertheless, the request in question does represent a first-time request for massage therapy. The applicant has seemingly tried, failed, and exhausted other treatments, including injections, medications, psychological counseling, etc. A trial of massage therapy as an adjunct to other recommended treatments is therefore indicated, appropriate, and consistent with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.