MAXIMUS Federal Services

Case Number:	CM14-0014714		
Date Assigned:	02/28/2014	Date of Injury:	09/03/2010
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is a 34 y/o female, DOI 9/3/10. Her injury includes the cervical spine, the lumbar spine, left shoulder and right ankle. She has developed a chronic pain syndrome. She has been treated with surgery (ankle), chiropractic, acupuncture, PT, analgesics, psychotropics and sessions of massage. She is utilizing the medications and is currently in cognative behavioral therapy (CBT). There is no active rehabilitation program in place at this time. She reports the massage and CBT are helpful, no functional improvements are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN MASSAGE THERAPY VISITS: 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, MASSAGE THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MASSAGE, 60.

Decision rationale: The nonspecific request to continue an unknown number of massage sessions is not medically necessary. There has been prior massage (UR review states 6 sessions, the exact number of prior sessions could not be confirmed in the records reviewed). MTUS

guidelines recommend a maximum of 4-6 sessions and that these sessions be linked to and be of benefit to an active physical rehabilitation program. The exact number of prior massage sessions does not affect the IMR conclusions as there is no evidence that the massage is in conjunction with active rehabilitation and there is no evidence that the massage has resulted in any measured improvements in function. Thus, the request is not medically necessary.