

Case Number:	CM14-0015168		
Date Assigned:	02/28/2014	Date of Injury:	01/08/1999
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Management, 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 59-year-old female with a 01/08/1999 date of injury. A specific mechanism of injury was not described. A 1/24/14 utilization review determination was non-certified, given that documentation did not describe the prior treatment rendered. It was unclear if the patient had previously undergone massage therapy. The 1/8/14 medical report identifies that prior treatments include nerve blocks/injections, epidural steroids, narcotic pain medication, physical therapy, home exercise program (HEP), and use of a transcutaneous electrical nerve stimulation (TENS) unit. Her pain was rated 7/10 previously, and at the time of the examination was 9/10. Her pain condition was stable and without any changes, and the patient was maintaining functional pain control with current medication and intrathecal pump regimen. The exam revealed painful and decreased range of motion of the cervical spine. There was tenderness and hypersensitivity around the pump in the lumbar spine. There was also positive Patrick maneuver and Fabere test. Deep tendon reflexes were described as normal bilaterally. Diagnoses include failed back surgery syndrome, cervical radiculopathy, failed neck surgery syndrome, cervical diskogenic spine pain, cervical myofascial pain syndrome, and cervical spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of deep tissue massage with manual lymphatic drainage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY; MANUAL THERAPY & MANIPULATION Page(s): 60; 58-59.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy, page 60; and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Lymph drainage therapy.

Decision rationale: This patient has chronic pain complaints in multiple body parts, for which there was a request for deep tissue massage with manual lymphatic drainage. The California MTUS states that massage therapy should be an adjunct to other recommended forms of treatment (e.g. exercise). It is noted that the patient had physical therapy and was continuing to follow a home exercise program. A short course of massage therapy might provide some pain relief for the patient. However, there was no rationale for the necessity of 16 sessions, as opposed to an initial trial of a smaller number in order to assess improvement and make any necessary modifications to the treatment goals. In addition, Official Disability Guidelines state that manual lymphatic drainage therapy is not recommended. The request, as presented, cannot be deemed medically necessary.