

Case Number:	CM14-0015773		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2004
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 62-year-old female with an 11/1/04 date of injury. At the time (12/9/13) of the request for authorization for massage therapy x12, there is documentation of subjective (neck pain) and objective (myofascial trigger points and tenderness C2-7, upper trapezius, levator scapula and rhomboids greater on left, cervical spine range of motion testing is restricted in all planes) findings, current diagnoses (spinal enthesopathy, sprain neck, cervical spondylosis, spasm muscle, and chronic pain syndrome), and treatment to date (massage therapy with over 50% reduction in pain). The number of massage therapy sessions completed to date cannot be determined. In addition, there is no documentation of massage used in conjunction with an exercise program and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous massage therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , DEEP FRICTION MASSAGE,

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical strain not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of spinal enthesopathy, sprain neck, cervical spondylosis, spasm muscle, and chronic pain syndrome. In addition, there is documentation of treatment with previous massage therapy with improvement in pain, objective functional deficits, and functional goals. However, there is no documentation of the number of massage therapy sessions completed to date and massage used in conjunction with an exercise program. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result previous massage therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for massage therapy times twelve is not medically necessary.