

Case Number:	CM14-0113012		
Date Assigned:	08/01/2014	Date of Injury:	02/29/1996
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 66 year-old patient sustained an injury on 2/29/1996 while employed by [REDACTED]. Request(s) under consideration include Massage Therapy 1xwk x 6wks Neck/Back. Diagnoses include Asthmatic bronchitis improved; Obstructive sleep apnea; Paroxysmal atrial fibrillation with tachycardia; thoracic outlet syndrome; obstructive emphysema; diaphragmatic paralysis after thoracic outlet surgery; restrictive lung disease; thoracic stomach and hiatal hernia-repairs; lumbago and sciatica; migraine headaches; cervicgia; chronic pain and muscle spasm. Medications list Baclofen, Clotrimazole, Cymbalta, Dilt CD, Docusate, Fluticasone, Furosemide, Lasix, Levofloxacin, Multaq, Omeprazole, Oxygen, Potassium, Promethazine, Relpax, Tizanidine, and Zomig. Report of 4/23/14 from the provider noted patient with muscle spasm of her back and right chest; switched from Tizanidine to Baclofen; Also had neck pain rated at 8-9/10. Exam of neck showed no decrease in suppleness; no abnormalities shown; tenderness on palpation; tightness; with left side rotation of 50 and right side rotation of 50; lumbar spine with tenderness; positive SLR on right (no degrees or position specified); no spasm noted; motor strength decreased diffusely in upper and lower extremities (no grading or muscle groups documented); normal sensatin. Treatment plan included continuing with massage for back and neck and medications. Report of 6/13/14 from the provider noted patient with exacerbation of asthma and COPD with asthmatic bronchitis; patient had less sputum and was afebrile; continued neck pain and muscle spasm rated at 7/10 with right arm pain; chronic leg swelling. Exam showed cervical spine with right side 45 degrees rotation and left side rotation of 55 degrees; diffuse reduced strength in upper extremities. The request(s) for Massage Therapy 1xwk x 6wks Neck/Back was non-certified on 7/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1xwk x 6wks Neck/Back: Upheld

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

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

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 1996 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained not working. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage Therapy 1xwk x 6wks Neck/Back are not medically necessary and appropriate.