MAXIMUS Federal Services

Case Number:	CM14-0116279		
Date Assigned:	08/04/2014	Date of Injury:	11/19/2008
Decision Date:	11/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Illinois. 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 injured worker is a 51-year-old female who reported an injury on 11/19/2008. The mechanism of injury was not submitted for this review. The injured worker's treatment history included medications and massage therapy. On 07/07/2014 the injured worker complained of persistent neck and shoulder pain rated at 6/10 to 7/10 on the pain scale. Medications included Advair, Albuterol, Wellbutrin, Prilosec, Flexeril, Naprosyn, and Relafen. However, this note was illegible. It is documented the injured worker had prior sessions of massage therapy; however, outcome measurements were not submitted for this review. The injured worker was evaluated on 08/15/2014 and it was documented the injured worker complained of flare ups that necessitated some more intervention than others. The injured worker stated that she had constant and much impairment in the range of motion. The provider noted it often interfered with the injured worker's ability to work, work at the computer, and perform her activities of daily living. The injured worker stated when she received massage therapy regularly in the past; her pain level and need for medications would decrease by 30% or sometimes more. The diagnoses included bilateral cervical/trapezius myofascial syndrome; bilateral brachial plexopathy; cervical degenerative disc disease/spinal stenosis; right rotator cuff tendinitis/impingement; and bilateral CTS, resolved. The Request for Authorization, undated, was for massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the neck #12: 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: The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Furthermore, the requested amount of visits exceeds recommended amount per guidelines. Within the documentation on 08/15/2014, the provider noted the injured worker had stated that she was previously treated with massage therapy with great benefit. However, outcome measurements were not submitted for this review. As such, the request for massage therapy for the neck #12 is not medically necessary.