

Case Number:	CM14-0123077		
Date Assigned:	08/08/2014	Date of Injury:	02/15/2012
Decision Date:	11/05/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 31 year old female who sustained an injury to her neck on February 15, 2012. The mechanism of injury is noted as sitting on a bench with a coworker; the bench broke and fell onto her right leg. The injured worker fell backward; hit her left elbow, neck, and back. MRIs of the neck and back showed disc lesions in both regions. Diagnosis is listed as cervicgia (847.0, 723.1). The injured worker was prescribed physical therapy and eventually chiropractic treatments, but they reached a point where they were not of benefit in June of 2012. MRI of the cervical spine dated 06/24/12 revealed circumferential disc bulge at C5 to C6 causing mild right foraminal narrowing and mild central canal narrowing. Records indicate that the injured worker underwent bilateral C5 to C6 transforaminal epidural steroid injection on 11/08/13. Electromyography (EMG) of the bilateral upper extremities dated 03/17/14 revealed electrodiagnostic evidence of bilateral carpal tunnel syndrome. The injured worker is currently working. The progress report dated 07/02/14 revealed complaints of ongoing neck, low back, and bilateral ankle pain. Pain is rated a 2 to 9 out of 10 on visual analog scale (VAS) with medications. Physical examination noted ongoing tenderness to the cervical and lumbar paraspinals. Current medications are listed as Norco 10/35 milligrams twice daily, Amitriptyline 10 milligrams one to two at bedtime, Imitrex 50 milligrams one to two as needed for headache may repeat in two hours. The injured worker was diagnosed with neck and recommended 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 QTY :6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The previous request was denied on the basis that the treating physician noted that the injured worker has had massage therapy in the past, which decreased overall pain and spasm, as well as increased range of motion. However, there was no documentation of the amount of massage therapy completed to date. Based on the currently available information, the request was not deemed as medically appropriate. The CAMTUS states that treatment with massage therapy should be used as an adjunct to other recommended treatment (e.g. exercise) and it should be limited to four to six visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow up. 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 of treatments such as these do not address the underlying. There is no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of massage therapy visits. Given this, the request for Massage Therapy six visits are not medically necessary.