MAXIMUS Federal Services

Case Number:	CM14-0126520		
Date Assigned:	09/23/2014	Date of Injury:	02/02/2005
Decision Date:	11/05/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Medicine, and is licensed to practice in Texas and Oklahoma. 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 02/02/2005. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spondylosis, cervical spine stenosis, post-laminectomy syndrome, cervical spondylosis without myelopathy, and medial epicondylitis. The previous treatments included medication and massage therapy. Within the clinical note dated 09/09/2014, it was reported the injured worker complained of pain and change since previous visit. She rated her pain 8/10 in severity in her neck. She described the pain as aching, dull, spasms, tightness. The injured worker complained of shoulder pain. She rated her pain 7/10 in severity in her shoulders. She described the pain as spasms and tightness. Upon the physical examination, the provider noted the injured worker had no abnormal curvatures of the cervical spine. There was tenderness to palpation of the right suboccipital region, left suboccipital region, right upper cervical facet, and left upper cervical facet. The provider requested deep tissue massage for the cervical spine. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Tissue Massage 1x6 Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 and 58-59 of 127.

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

Decision rationale: The request for Deep Tissue Massage 1x6 Cervical is not medically necessary. The California MTUS Guidelines note massage therapy is recommended as an option. This treatment should be as an adjunct to other recommended treatments, 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 at attenuating diffuse musculoskeletal symptoms, but beneficial effects are registered during treatment. There is lack of clinical documentation warranting the medical necessity for a massage. The number of sessions the injured worker has previously undergone was not submitted for clinical review. The efficacy of the previous sessions was not submitted including improvement of functional capabilities. Therefore, the request is not medically necessary.