MAXIMUS Federal Services

Case Number:	CM14-0152882		
Date Assigned:	09/23/2014	Date of Injury:	08/30/2012
Decision Date:	10/27/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 36-year-old male who reported an injury on 08/30/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia, pain in the neck, lumbago, low back pain, degeneration of the lumbar spine, concussion, pain in the thoracic spine. The previous treatments included medication. Within the clinical note dated 08/26/2014, it was reported the injured worker complained of pain rated 4/10 in severity. He complained of increased left posterior thoracic pain for 2 weeks. On the physical examination, the provider noted the injured worker had paraspinal muscle tenderness in the thoracic paraspinal musculature. There was mild tenderness to palpation of the left thoracic paraspinal muscles from T9-12. The provider requested massage therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Massage therapy sessions: Upheld

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

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

Decision rationale: The request for 6 massage therapy sessions is not medically necessary. The California MTUS Guidelines note massage therapy is recommended. The treatment should be as an adjunct to other recommended treatments, and it should be limited to only 4 to 6 visits in most cases. Scientific studies show contraindicated 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. There is a lack of clinical documentation warranting the medical necessity for the request. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.