

Case Number:	CM14-0155789		
Date Assigned:	09/25/2014	Date of Injury:	01/27/2003
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 1/27/03. She was seen by her primary treating physician on 7/1/14 in follow up of lumbar spine, shoulder, thoracic spine and cervical spine pain. Her exam showed gait impairment related to spasticity of her right lower extremity from cervical myelopathy. Her reflexes were 3/4 on the right and 2/4 on the left. She had spasm and tenderness of parathoracic muscles from T2-4. Her cervical spine showed a healed scar with palpable muscle spasms and limited range of motion in all directions. She had paralumbar muscle spasms, bilateral positive straight leg raises and limitations in range of motion of her lumbar spine and shoulders. Her diagnoses included lumbar radiculopathy bilaterally, right cervical radiculopathy status post-surgery x 2 in 2004, bilateral shoulder strain, dysphagia, in coordination with falls and occipital neuralgia and scar neuroma. At issue in this review is the request for massage therapy two times per week for three weeks lumbar, thoracic, cervical spine, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy, twice a week for three weeks for the lumbar, thoracic, cervical spine, and bilateral shoulders.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. This injured worker has chronic pain and has not had any recent surgery. The records do not document a rationale for massage therapy at this point in her course and what the anticipated benefit would be for pain and / or function. The medical records do not support the medical necessity of massage therapy twice a week for three weeks for the lumbar, thoracic, cervical spine, and bilateral shoulders. This request is deemed not medically necessary.