

Case Number:	CM14-0159036		
Date Assigned:	10/02/2014	Date of Injury:	11/08/2004
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 11/08/2004. The listed diagnoses are cervical disk displacement without myelopathy; pain in joint, lower leg; carpal tunnel syndrome and pain, psychogenic NEC. According to progress report 09/04/2014, the patient presents with continued neck pain. He does have intermittent flare-ups of pain which has been managed with morphine sulfate ER 60 mg. Examination of the cervical spine revealed tenderness to palpation at the cervical paraspinal muscles with significant muscle tension extending from the neck into the mid-back. Range of motion is decreased with flexion and extension. Sensations were decreased to light touch along the left upper extremity compared to the right. The treater is requesting 12 sessions of massage therapy for the neck, 2 sessions per week for the next 6 weeks. Utilization review denied the request on 09/23/2014. Treatment reports from 04/22/2014 through 09/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of massage therapy for the neck: 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: This patient presents with chronic neck pain. The treater is requesting 12 sessions of massage therapy for the neck. The medical file does not include massage therapy progress reports, and there is no provide treatment history. The MTUS Guidelines under its chronic pain section has the following regarding massage therapy, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4 to 6 visits in both cases." Utilization review indicates that the patient received 6 sessions of massage therapy from 01/29/2014 and 03/15/2014. In this case, the treater's request for additional 12 sessions which exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.