

Case Number:	CM14-0159875		
Date Assigned:	10/03/2014	Date of Injury:	01/11/2013
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
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 Pain Management 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 55-year-old right-hand dominant female who sustained work-related injuries on January 11, 2013. Per September 5, 2014 records the injured worker has been discharged from a functional restoration program composed of 160 hours. She has primary complaints of bilateral shoulder, wrist, knee, and ankle pain from a slip and fall accident on January 11, 2013. She noted a prior carpal tunnel treatment and has been afforded with conservative and invasive treatments including medications, physical therapy, chiropractic treatments, acupuncture, occupational therapy, and right carpal tunnel injection. She reported that she attained significant gains in and out of the nine measures. She also reported that she received the tools that will help manager pain as well as reporting her feeling of accomplishment from completing the program despite numerous internal adversities. Objectively, her gait was previous at narrow base support, externally rotated bilateral lower extremities, and slow cadence. However, after discharge her cadence has improved. Range of motion has significantly improved for the lumbar, cervical, and bilateral shoulders. Muscle strength also significantly improved. Most recent records dated September 8, 2014 documents that the injured worker has completed a functional restoration program. However, she reported neck pain shooting down her back. She reported trapezius pain but does not describe radicular pain. She also reported paresthasias on the right second to fifth digits. She reported that her arms felt heavy and her lower back pain was affecting her walking. On examination, spasms were noted over the paracervicals and trapezius muscles. Range of motion was more than 50% limited. Sensation was decreased in the right digits. X-rays revealed degenerative disc disease at C5-6, C6-7 with some foraminal narrowing, left-sided. She was diagnosed with (a) cervicalgia, (b) cervical strain, (c) bilateral shoulder strain, (d) deconditioning, and (e) kinesiophobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial massage therapy x 6 sessions, cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Massage

Decision rationale: According to evidence-based guidelines, massage therapy is recommended as an option if used as an adjunct to an exercise program and there is an evidence report that concluded that massage is effective in adults for chronic neck pain. However, it is not advisable to use beyond two to three weeks if there are no signs of objective progress towards functional restoration are no demonstrated. In this case, the injured worker has received the proper tools (e.g. exercise program, psychological techniques, etc.) in order to assist her during painful scenarios. Since massage therapy is indicated chronic neck pain, a trial of 6 sessions of massage therapy would be necessary to check its benefits. Therefore, the medical necessity of the requested trial 6 sessions of massage therapy is established. The prior utilization review physician opined that for lack of any clear rationale starting massage therapy at this point in time with expectation that it would be beneficial after the treatment has been completed is recommended for non-certification.