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| Case Number: | CM14-0169377 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 07/18/2012 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Family Practice 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:

According to the records made available for review, the injured worker is a 59 year-old female with a date of injury of 07/18/2012. The result of the industrial injury was noted to be neck pain and right shoulder pain. Diagnoses include neck pain/radiculopathy, cervical Degenerative Joint Disease (DJD), occipital neuralgia, right shoulder pain, and right lateral epicondylitis. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the cervical spine, performed on 05/20/2013, which showed mild left lateral disc bulge and spurring with slight narrowing of the neural foramen at C5-6; and slight lateral disc bulge with slight narrowing of the left C6-7 neural foramina. Treatments have included medications and 2 cervical epidural steroid injections. Medications have included Ultram, Fexmid, as well as topical ointments including a Flurbiprofen-Gabapentin-Lidocaine compound and a Tramadol-Baclofen compound. Progress notes from the treating physician, dated 05/01/2014, 07/21/2014, and 09/04/2014, describe limited range of motion of the cervical spine with significant tenderness over the bilateral cervical facet joints from C3-C7, with positive provocation test. Objective findings also include tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus, and infraspinatus muscles bilaterally; tenderness and trigger points of the right shoulder joint and supraspinus and biceps tendons; and limited range of motion of the right shoulder. Subjectively, the injured worker reports cervical pain which radiates to the right upper extremity, right shoulder pain, and headaches. Request is being made for Massage Therapy x 12 to the cervical spine. On 10/02/2014, Utilization Review non-certified a prescription for Massage Therapy x 12 to the cervical spine. The Massage Therapy x 12 to the cervical spine was non-certified based on massage therapy not having been scientifically shown to be an effective medical treatment for chronic neck pain, and in this case not used as a short course as an adjunct to an exercise program. The Utilization Review cited evidence-based guidelines from the CA

MTUS and ODG recommendations for massage for chronic pain to support its determinations. Application for independent medical review was made on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x12 to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 66.

Decision rationale: According to the MTUS guidelines, massage therapy is an option that should be limited to 4-6 visits. There is a lack of long-term benefit. It should be used as an adjunct to exercise. In this case, the claimant was not noted to be doing exercise along with therapy. In addition, the 12 sessions above exceed the amount of sessions recommended by the guidelines. The 12 sessions of massage therapy is not medically necessary.