

Case Number:	CM14-0173910		
Date Assigned:	10/27/2014	Date of Injury:	04/30/1998
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 medicine and is licensed to practice in Ohio. 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 years old female with a date of injury of 4-30-98. She complains of diffuse musculoskeletal pain and has been diagnosed with fibromyalgia, cervicobrachial myofascial pain syndrome, chronic pain syndrome, opioid dependence, depression and obesity. She has been treated with high dose opioids, muscle relaxants, and anti-depressants. Her pain levels have remained high and her functionality has remained low. The physical exam has revealed tenderness to palpation and spasms of the paravertebral musculature of the cervical and lumbar spine, reduced spinal range of motion, normal reflexes, and mildly graded muscular weakness throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 4: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Massage Therapy

Decision rationale: Massage is a passive intervention and is considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Scientific studies show contradictory 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. In this situation, documentation from 8/18/2014 indicates the injured worker is involved with a home exercise program. Because massage is indicated as an adjunct to active interventions like exercise, 4 sessions of massage therapy is medically appropriate and necessary.