

Case Number:	CM14-0178571		
Date Assigned:	10/31/2014	Date of Injury:	03/05/2014
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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, and is licensed to practice in New Jersey. 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 23-year-old female who reported injury on 03/05/2014. The mechanism of injury was a motor vehicle accident. The injured worker underwent cervical spine and lumbar spine x-rays, x-rays of the wrist, and a CT of the head, as well as an MRI of the cervical spine. The medications were noted to include Fioricet 50-300-40 mg capsules. The prior therapies were noted to include aquatic therapy. The documentation of 09/23/2014 revealed the injured worker had continuing back pain and neck pain. The physical examination revealed that the injured worker had spasms in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. The range of motion was decreased. The injured worker had a negative Spurling's and cervical compression test bilaterally. The injured worker had decreased range of motion of the lumbar spine. The injured worker had a positive sitting straight leg raise. The diagnosis included lumbar and cervical radiculopathy. The treatment plan included 16 sessions of massage therapy for the lower back, upper back, neck, left knee, left hand, and head as well as butalbital/acetaminophen/caffeine 50-325-40 mg tablets. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy four times a week for four weeks to the low back, upper back, left knee, left hand, and head: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend massage therapy that is limited to 4 - 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. 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. The clinical documentation submitted for review indicated the injured worker had a necessity for intervention. However, there was a lack of documentation indicating a necessity for 16 sessions without a trial of the initial 6 visits with a re-evaluation. The request is excessive. Given the above, the request for massage therapy 4 times a week for 4 weeks to the low back, upper back, left knee, left hand, and head is not medically necessary.