

Case Number:	CM14-0182634		
Date Assigned:	11/07/2014	Date of Injury:	02/14/2003
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, arm, and forearm pain reportedly associated with an industrial injury of February 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; transfer of care to and from various providers in various specialties; extensive periods of time off of work; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for 10 sessions of deep tissue massage therapy. It was noted that the applicant had undergone multiple cervical fusion surgeries and subsequent revision procedures. The claims administrator stated that the requesting provider had failed to say how much prior massage therapy the applicant had had. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant reported 7.5/10 neck pain. The applicant was using Ambien, Synthroid, Norco, OxyContin, oxycodone, Premarin, Vicoprofen, Xanax, and Ambien it was noted. The applicant expressed frustration over the claims administrator's recent denial of cervical spine surgery. The applicant was anxious and depressed, it was noted. The applicant was given multiple medication refills. The applicant's work status was not clearly stated on this occasion. On July 11, 2014, the applicant received refills of Premarin, Synthroid, Vicoprofen, Xanax, oxycodone, OxyContin, Valium, and Norco. It was stated that the applicant was pending cervical spine surgery. Severe, 8/10 elbow and neck pain were appreciated. The applicant did in fact undergo the cervical spine surgery on July 16, 2014. The applicant went on to receive postoperative physical therapy throughout July, August, September and October 2014. In a progress note dated October 14, 2014, the applicant reported ongoing complaints of neck pain. The applicant was using oxycodone at rate of eight tablets a day. This was down from 16 tablets daily prior to surgery, it was stated. The applicant was also

using Valium and Xanax at diminished amounts. X-rays demonstrated a well-positioned fusion hardware. The applicant was asked to continue physical therapy to include 10 sessions of deep tissue massage therapy. In a Medical-legal Evaluation dated December 7, 2009, it was acknowledged that the applicant was not working and had been deemed a "qualified injured worker."

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of deep tissue massage for the posterior neck and trapezii: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request in question was initiated on October 14, 2014, i.e., still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier cervical spine surgery on July 16, 2014. As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3.c.5c, passive modalities such as the deep tissue massage at issue should be "minimized" in favor of active physical rehabilitation and independent self management. Here, the request in question was initiated approximately three months after the date of surgery. The request for 10 sessions of deep tissue massage therapy, furthermore, is at odds with the MTUS position that usage of passive modalities should be "minimized" during the postsurgical physical medicine treatment period. Therefore, the request is not medically necessary.