

Case Number:	CM14-0028001		
Date Assigned:	06/16/2014	Date of Injury:	01/07/2005
Decision Date:	08/13/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation 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 44-year-old male who reported an injury on 01/07/2005. The mechanism of injury was a motor vehicle accident. Diagnostic studies included thoracic/lumbosacral neuritis or radiculitis, shoulder region disorder, enthesopathy of the wrist, pes anserinus tendonitis or bursitis. Previous treatments included medication, physical therapy. In the clinical note dated 04/14/2014 it was reported the injured worker complained of chronic pain in the cervical and lumbar spine. On physical examination the provider noted the injured worker had an antalgic gait due to weakness of the left side. The provider noted spasms and tenderness observed in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. The request submitted is for 12 massage therapy visits. However, rationale is not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE MASSAGE THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy for Chronic Pain.

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

Decision rationale: The injured worker complained of chronic pain in the cervical and lumbar spine. The California MTUS Guidelines recommend massage therapy as an option. The treatment should be an adjunct to other recommended treatments, and it should be limited to 4 to 6 visits in most cases. Scientific studies show contraindicative results. Furthermore, many studies lack long-term followups. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but relief effects are registered only during the treatment period. There is lack of documentation in the medical necessity for the request. The provider's rationale was not provided for clinical review. The number of sessions exceeds the guideline recommendations of limited use of 4 to 6 visits. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.