

Case Number:	CM14-0030874		
Date Assigned:	07/16/2014	Date of Injury:	04/21/2010
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 33 year old with a work injury dated 4/21/10. The diagnoses include right L5 and S1 radiculopathy, right shoulder strain, right shoulder subacromial impingement syndrome, synovitis of the glenohumeral joint of the right shoulder, degenerative osteoarthritis of the acromioclavicular joint of the right shoulder, positive diagnostic right C5-C6 and right C7-T1 facet joint medial branch block, positive bilateral L4-L5 and bilateral L5-S1 facet joint medial branch block, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc bulge at L4-L5 and L5-S1, lumbar stenosis, lumbar sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical disc bulge, cervical stenosis, cervical sprain/strain, right shoulder internal derangement, right shoulder surgery. Under consideration is a request for massage therapy 2 X 4 for neck, right shoulder and low back. There is a primary treating physician (PR-2) document dated 3/18/14 that states that examination of the skin is within normal limits in all limbs, except scarring of right shoulder. There are lumbar and cervical spasms. There is tenderness upon palpation of lumbar paraspinal muscles overlying bilateral L3-S1 facet joints and cervical paraspinal muscles overlying bilateral C5-T1 facet joints. There is tenderness upon palpation of right deltoid. Right shoulder, lumbar and cervical ranges of motion were restricted by pain in all directions. Lumbar and cervical extension was worse than flexion, Lumbar and cervical facet joint provocative maneuvers were positive. Sacroiliac provocative maneuver, pressure at the sacral sulcus, was positive on the right. Nerve root tension signs were negative, Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs, Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. The remainder of the visit is unchanged from the previous visit. The treatment plan appeals the denial of the patient's massage therapy to the cervical spine, lumbar spine, and right shoulder. The patient's pain has failed other

conservative treatments and has been chronic since the patient's date of injury. The plan also includes a request for a right L4-L5 and right L5-S1 lumbar transforaminal epidural steroid injection to treat the patient's low back pain, and medication management including opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 X 4 for neck, right shoulder and low back: 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): p.60.

Decision rationale: Massage therapy 2 x 4 for neck, right shoulder and low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The request exceeds the recommended number for visits for massage. Furthermore the patient has failed conservative therapy which was more active in nature (i.e. physical therapy). The evidence of massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The request for massage therapy 2 X 4 for neck, right shoulder and low back is not medically necessary.