

Case Number:	CM14-0032314		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2007
Decision Date:	08/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in Hawaii. 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:

This case is a 65-year-old female with an injury date of 9/1/2007. A review of the medical records indicates that the patient is being treated for chronic neck pain, cervical spondylosis, bilateral carpal tunnel, and right upper extremity radiculopathy. Subjective complaints (10/11/2013) include posterior neck pain with muscle tightness and massage therapy has significantly improved her symptoms. Objective findings from 10/11/2013 and 2/12/2014 both report unchanged physical exam to include cervical flexion 45 degrees, extension 10 degrees, rotation 45 degrees, lateral range of motion of 15 degrees and treating physician additionally writes no changes regarding physical exam. Treatment has included acupuncture (5+ sessions), physical therapy (unknown number of sessions), tramadol, and massage therapy (unknown number of sessions). A utilization review dated 2/21/2014 non-certified the request for massage therapy one (1) visit per month for six (six) months for cervical spine due to lack of functional improvement documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY ONE (1) VISIT PER MONTH FOR SIX (SIX) MONTHS FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, page(s) 60 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines states massage therapy is "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The ODG offers additional frequency and timeline for massage therapy by recommending 4 to 6 treatments over 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The current request is in excess of the guideline recommendation of 4-6 visits over no more than 8 weeks. Medical documents do not indicate reasons for treatment in excess of the 8-week maximum. The physical exam remains unchanged and functional improvement, decreased pain, and improved quality of life is not detailed well. As such, the request is not medically necessary and appropriate.