

Case Number:	CM14-0033796		
Date Assigned:	06/20/2014	Date of Injury:	08/21/2003
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Minnesota. 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 58-year-old male with a reported injury on 08/21/2003. The mechanism of injury was not provided. The injured worker had an exam on 02/20/2014 with complaints of neck pain, right shoulder pain and bilateral wrist pain. The injured worker reported he had benefit from previous massage therapy with being able to reduce pain medication and increase of functional status. His medication list consisted of Lidoderm, Skelaxin, Zanaflex, Norco, Ibuprofen, Prevacid and Nucynta. The exam of his cervical spine showed his range of motion is restricted with extension limited to 25 degrees, right lateral bending limited to 20 degrees but normal flexion lateral rotation bilaterally. The diagnoses included cervical disc disorder, cervical pain and cervical radiculopathy. The plan of treatment recommended massage therapy for 12 sessions due to the fact that the injured worker had benefited from previous therapy. The request for authorization was signed on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 12 sessions for evaluation / treatment of neck pain: 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 request for Massage therapy for 12 for evaluation and treatment of neck pain is not medically necessary. The California MTUS Guidelines recommend that this treatment should be in adjunct with other recommended therapy such as exercise and should be limited to 4 - 6 visits. The guidelines state that the massage is passive therapy and treatment dependence should be avoided. There is a lack of evidence of other treatment and exercise programs. The requested amount for 12 sessions exceeds the recommended amount of 4-6 visits. Therefore, the request for massage therapy is not medically necessary.