MAXIMUS Federal Services

Case Number:	CM14-0035345		
Date Assigned:	06/23/2014	Date of Injury:	09/02/2003
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain Management 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:

This is a male patient with the date of injury of September 2, 2003. An Office Evaluation dated January 28, 2014 identifies Complaints of neck pain, mid and low back pain, sleep difficulty, and headaches. Physical Examination identifies decreased sensation over the left foot in the L5 distribution, tenderness and spasm in the cervical, thoracic and lumbar paraspinal muscles, and decreased lumbar and cervical range of motion. Diagnoses identify cervical and thoracolumbar sprain and cervicogenic headaches. Treatment Plan identifies massage therapy for cervical strain and cervicogenic headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Massage Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for six massage therapy sessions, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go

on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested six massage therapy sessions is not medically necessary.