

Case Number:	CM14-0040392		
Date Assigned:	06/27/2014	Date of Injury:	03/31/2008
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic back, neck, and shoulder pain reportedly associated with an industrial injury of March 31, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal electrodiagnostic testing of the upper extremities of May 26, 2010; topical agents; unspecified amounts of acupuncture; and unspecified amounts of massage therapy. In a utilization review report dated March 5, 2014, the claims administrator denied a request for six sessions of massage therapy. The claims administrator stated that the applicant had had earlier massage therapy in 2012 and it failed to respond favorably to same. In a progress note dated May 6, 2014, the applicant apparently underwent acupuncture treatment. Infrared therapy was also performed. Massage therapy was also concurrently performed. The applicant was described as remaining totally temporarily disabled. The applicant was described as using a variety of medications, including topical capsaicin, Motrin, Morphine, Dexilant, Voltaren, and lactulose. Six additional sessions of acupuncture were sought. The attending provider did apparently appeal earlier denied massage therapy on May 28, 2014. The applicant was described as again remaining totally temporarily disabled at that point in time. In an earlier note of February 26, 2014, the applicant was again described as having persistent complaints of pain requiring thrice daily usage of Morphine. The applicant was placed off of work, on total temporary disability. The applicant was described as significantly depressed. The applicant stated that she previously benefited from massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy (1) Time A Week For (6) Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20, Massage Therapy topic. Page(s): 60.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatment, such as exercise, and should generally be limited to four to six visits in most cases. In this case, however, the applicant has had prior unspecified amounts of massage therapy in 2012. The applicant did not, however, effect any lasting benefit or functional improvement following completion of the same. The applicant remained off of work, on total temporary disability, and remained highly reliant and highly dependent on other forms of medical treatment, including opioids such as Morphine and physical modalities such as acupuncture. All of the above, taken together, imply the lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier massage therapy over the course of the claim. Therefore, the request for six additional sessions of massage therapy is not medically necessary.