

Case Number:	CM14-0050942		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2012
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Illinois. 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 53-year-old female who reported an injury on 04/10/2012. The mechanism of injury was described as a slip and fall. Within the clinical visit on 07/16/2014, the injured worker complained of pain, stiffness, and weakness in the cervical and lumbar spines. The injured worker also complained of moderate pain in the left shoulder and hip. The physical exam revealed no changes in the cervical spine with tenderness to palpation, spasms, and moderate pain in range of motion of the cervical and lumbar spine. There was also noted tenderness to palpation in the left shoulder and hip with spasms and pain with range of motion. There was also noted decreased strength in the cervical and lumbar spines. The injured worker's listed diagnoses include sprain and strain of the neck with sprain of unspecified site of the hip and thigh. The medication list included Alprazolam and Flexeril with frequencies not provided. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for C/S, 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page(s) 60 Page(s): 60.

Decision rationale: The request for massage therapy for cervical spine, 2 times a week for 5 weeks is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option when used for attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The guidelines further state that massage is a passive intervention and treatment dependence should be avoided. More over, the guidelines state that it should be limited to 4 visits to 6 visits in most cases, with scientific studies showing contradictory results. More over, the guidelines also state that treatment should be an adjunct to other recommended treatments and should be limited to 4 visits to 6 visits in most cases. Lastly, the guidelines state that the strongest evidence for benefits in massage are for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. Within the submitted documentation, it was not shown that massage therapy would be used as an adjunct to other recommended treatments. Furthermore, the request itself is for 10 sessions, which exceeds the guidelines' recommendations, and did not have any supporting documentation to show extenuating circumstances as to why the injured worker needed to exceed the guidelines' recommendations. Without further documentation and/or medical records to address the aforementioned deficiencies within the request, it cannot be supported at this time by the guidelines. As such, the request is not medically necessary.