

Case Number:	CM14-0051596		
Date Assigned:	07/07/2014	Date of Injury:	03/11/2010
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
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, has a subspecialty in Interventional Spine 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 patient is a 69 year old with an injury date on 3/11/10. Patient complains of multiple cumulative trauma/injuries in the neck, back, and left shoulder from working as a flight attendant for 30 years per 4/2/14 report. Patient has recently discontinued personal exercise training which has caused stiffness in low back and decreased in mobility per 4/2/14 report. Exam of L-spine on 4/2/14 showed range of motion moderately limited particularly extension at 15 degrees. Loading of lumbar facets painful on the right. Lateral tilt limited by 35% to the right and 30% to the left. [REDACTED] is requesting 12 sessions of deep tissue massage therapy for the back. The utilization review determination being challenged is dated 4/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/8/14 to 4/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Deep Tissue Massage Therapy for the Back: 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, pg 60 Massage therapy 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) Massage Therapy Page(s): 60.

Decision rationale: This patient presents with neck pain, left shoulder pain, lower back pain, and left knee pain. The treater has asked for 12 sessions of deep tissue massage therapy for the back on 4/2/14. Patient is attending acupuncture treatments with benefit, and is doing home stretching exercises in 4/2/14 report. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases. In this case, the treater has asked for 12 sessions of massage therapy which exceeds MTUS guidelines for this type of condition. Furthermore, it appears that the patient has been doing well with acupuncture and a home stretching exercise regimen, and there is no rationale given as to why the massage therapy would be necessary. The request is not medically necessary.