

Case Number:	CM14-0065135		
Date Assigned:	07/11/2014	Date of Injury:	07/22/2013
Decision Date:	08/26/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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:

Per the medical records provided, there was a request for medical massage two times a week for three weeks for the cervical, thoracic and lumbar spine. The date of injury was July 22, 2013. The claimant fell from ceiling tiles from a height of 12 feet. The claimant is a 24-year-old male who has low back pain from the fall. There was a history of hematuria status post blunt force trauma to the kidney, which appears resolved. There is chronic pain syndrome and anxiety. He has completed six sessions of massage therapy, and 16 sessions of supervised rehabilitation to date, and is on Flexeril, ibuprofen and Norco. X-rays were negative for fracture but a CT scan shows evidence of a compression fracture. The patient has cervical degenerative disc disease, T 11, T 12 and L1 compression fracture with multilevel facet arthropathy and 5 to 10 of scoliosis. There was a right C5-C6 rib fracture and a head injury at the time of accident with loss of consciousness. An April 4, 2014 magnetic resonance imaging of the thoracic spine was done. An MRI of the brain was done. Several therapy evaluation and myofascial therapy notes were provided and reviewed. Medicines as of January 2014 were Cylobenzaprine, Ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical massage 2x3 weeks for the cervical, thoracic, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

Decision rationale: Per the MTUS, 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. 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. I concur that there is no evidence of lasting subjective objective for functional improvement with the medical massage and rehabilitative care completed to date to support continuation of this purely passive modality. This request is not supported by California MTUS, which recommends no more than 4 to 6 sessions.