

Case Number:	CM14-0071077		
Date Assigned:	07/14/2014	Date of Injury:	01/28/2010
Decision Date:	08/13/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a date of injury of 1/28/2010. His diagnoses include cervical degenerative disc disease, herniated nucleolus pulposus, possible cervical radiculopathy, cervicgia and lumbago. There is a request for 12 massage therapy visits. There is a 7/9/14 office visit that states that the patient's treatment has included extensive physical therapy of the neck and spine, acupuncture (d did not help much), chiropractic, massage (helps, currently in progress). He also had a cervical epidural steroid injection recently. This did not provide significant relief. He takes occasional NSAIDs for pain. He has been working full duty. Over time his symptoms have evolved. He is a graduate of the functional restoration program. He notes neck and bilateral upper shoulder pain. He notes radiating left posterior arm pain past the elbow to the ulnar 2 digits. He denies right arm symptoms. He will note intermittent left arm and hand numbness. He also has mid back pain. This will be aggravated by pulling, He rates his neck pain up to 7/10, back pain up to 10/10 and arm pain as 5/10. He denies significant weakness and myelopathic symptoms. He will note some urinary urgency and sometimes incontinence. This is been present for the last couple years. On exam his gait is normal. There is mid line tenderness to palpation of the cervical spine and lumbar spine. There is positive tenderness right PSIS. The range of motion is full, without spasm or asymmetry. There is an equivocal left Spurling's maneuver (left upper shoulder pain), The motor strength in the bilateral upper and lower extremities is 5/5. The Motor R Upper- 5/5 deltoid, 5/5 bicep, 5/5 wrist extensors, 5/5 triceps. Sensory: Grossly intact to light touch C4-T1 distribution. Grossly intact to light touch L2-S1 distribution. His deep tendon reflexes are equal and normal bilaterally. There is a negative Hoffman's reflex and no Ankle clonus. There is a negative Straight leg raise and a positive Tinel's at left cubital tunnel. Negative elbow flexion test. Negative Tinel's and carpal tunnel.

There is a negative Phalen's. The treatment plan states that the patient has a chronic neck pain since an industrial injury in 2010. He is complete a functional restoration program and has been working full duty. However he feels that his neck and left arm symptoms are progressive. He is already pursued extensive conservative management including physical therapy, chiropractic, acupuncture, medications, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) massage therapy visits: Upheld

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

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

Decision rationale: 12 massage therapy visits are not medically necessary per the MTUS guidelines. The documentation indicates that the patient has been authorized 6 massage therapy and reported it helps him however there is still no evidence of sustained benefit from the received sessions. The MTUS guidelines state that massage therapy should be limited to 4-6 visits in most cases. Furthermore the guidelines state that massage is a passive intervention and treatment dependence should be avoided. The guidelines favor active interventions such as an independent home exercise program. The request for 12 massage therapy visits exceeds the guideline, therefore is not medically necessary.