

Case Number:	CM14-0082295		
Date Assigned:	07/21/2014	Date of Injury:	02/13/2009
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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:

There were 148 pages provided for review. The application for independent medical review was for massage therapy times six for the spine. There was a non-certification recommendation from May 20, 2014. The date of injury was February 13, 2009. Per the records provided, the claimant was described as a 39-year-old female who sustained an industrial injury on February 13, 2009. She had a lumbar fusion on November 16, 2010 and had 20 for postoperative therapy sessions. She had six prior sessions of massage therapy. There was an Agreed Medical Examination dated March 5, 2010 that indicates the patient was initially injured when she was pulled on the arm by an autistic child. She was thought to have a whiplash injury. She was prescribed course of physical therapy and chiropractic care but she was still having discomfort. The patient was advised that she needed surgery for her neck. She received an epidural steroid injection without relief. The patient was pending discogram for the lumbar spine and psychiatric clearance. The patient was diagnosed with a sprain strain of the cervical spine superimposed on a right paracentral disc protrusion at C5-C6 and minimal degenerative changes per the MRI scan. There was also a strain-sprain of the lumbar spine superimposed on a 4 mm midline posterior disc protrusion at L4-L5-S1. There was also a suspicion of clinical depression. The patient was not at maximal medical improvement. She may be a candidate for a lumbar fusion. The patient may need to see a psychiatrist. It was felt that no other conservative treatment would likely to be of benefit. As of April 28, 2014, there was chronic low back pain and left lower extremity pain. There was also neck and bilateral upper extremity pain. The headaches occur greater than 15 days per month. She was placed in a permanent and stationary in December 2012. A note from August 2, 2010 indicates the patient developed early myelopathy due to central stenosis at C5-C6 with a positive Hawkins sign and hyperreflexia. The medical records did not show any evidence

of objective functional progression out of the previous six massage therapy sessions. She continues on high-dose opiate medicines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy X 6 visits for the spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Regarding Massage therapy, the MTUS notes 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 followup. The guides do note that massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage however is a passive intervention and treatment dependence should be avoided. In this case, objective functional benefit out of the first six sessions was not noted. Moreover, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. The guides also suggest a six sessions limit, which this request would exceed. The request is appropriately non-certified.