

Case Number:	CM14-0088082		
Date Assigned:	07/23/2014	Date of Injury:	08/14/2001
Decision Date:	09/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 Neurosurgery and is licensed to practice in Ohio. 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 57-year-old female whose date of injury is reported as 8-14-2001. Apparently, she suffers from chronic neck and shoulder pain. Her diagnosis is cervical strain, shoulder strain, and mild bilateral carpal tunnel syndrome. She uses Flector patches for pain and oral ibuprofen. The medical documentation provided in this case is rather scant. An office note from 5-7-2014 states that the cervical spine reveals tenderness to palpation in the musculature and mildly diminished range of motion with regard to the cervical spine. The plan was to continue the home exercise program, chiropractic care, Flector patches, and massage therapy was ordered. The documentation reflects that the injured worker has benefited tremendously from manual therapy and massage previously. There is no documentation to say how many times the injured worker has had massage therapy, over what period of time, or the last time it was done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 1x24 weeks, over the next 12 months, Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and Upper Back Pain, Massage Therapy.

Decision rationale: Massage therapy is recommended as an option as an adjunct to an exercise program for neck pain, although there is conflicting evidence of efficacy. (Haraldsson, 2006) There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The UK evidence report concluded that massage is effective in adults for chronic neck pain. There is limited evidence for the effectiveness of massage as an add-on treatment to manual therapy; and manual therapy as an add-on treatment to exercises. In this case, both a home exercise program and manual therapy has been advised. Because of this and because virtually no documentation regarding injured worker's historical use of massage therapy is provided i.e. duration, frequency, last treatment, etc. the request for massage therapy 1 X 24 over a year is not medically necessary.