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| Case Number: | CM14-0092333 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 04/24/1996 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 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:

This is a 50-year-old female with a date of injury of 4/24/1996. The mechanism of injury was described. According to the records, the patient has received more than 36 sessions of massage therapy thus far. A primary treating physician progress report dated 11/13/13 states that the patient experienced a "flare up" after doing report cards 5/13. Cervical spine rating for pain is 4/10. She continues to get messages twice per month. She is taking medication, stretches throughout the day, and does yoga once a week. Objective findings: cervical spine ROM- flexion 40, extension, 40, lateral flexion 25 with end point pain right trapezius; lateral flexion left 25 end point pain left trapezius. Rotation: 40 bilaterally. TTP right greater than left trapezius. Diagnostic findings: Myofascial pain. Treatment to date includes activity modification and medication management. A UR decision denied the request of 12 Sessions of deep tissue massage for release of myofascial tissue release for flare-up and acute spasms to cervical spine.

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 for Release of Myofascial Tissue Release for Flare-up and Acute Spasms to Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Lower Back Chapter Page(s): 60.

Decision rationale: The California MTUS recommends massage therapy as an option in certain circumstances. "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". There is no documentation as to additional treatment the patient is receiving. In addition, the records provided do not indicate any medical benefit from the massage treatments undergone thus far. Lastly, the records indicate that the patient has received numerous treatments in excess of the recommendations for routine follow up care. Therefore, the request for 12 sessions of deep tissue massage for release of myofascial tissue release for flare up and acute spasms to cervical spine is not medically necessary.