

Case Number:	CM14-0180533		
Date Assigned:	11/06/2014	Date of Injury:	12/10/2010
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 & 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:

The patient is a 60 year old female with date of injury 12/10/10 who slipped and fell on her back while assisting customer. The treating physician report dated 9/26/14 indicates that the patient presents with pain affecting neck, lower and upper back. A tingling sensation is also noted in patient's hands and feet. The physical examination findings reveal that pain levels have not improved in shoulders as well as a decrease in ROM. Prior treatment history includes prescribed medications, extracorporeal shockwave procedure and acupuncture. MRI findings reveal Moderate right and left facet arthropathy at C2-C3, mild disk desiccation and slight decrease in disk height, sever left neural foramina stenosis secondary to 2mm to 3mm left lateral bulging at C3-C4, 2mm diffuse posterior bulging, moderate left facet arthropathy, no spinal stenosis at C4-C5, disc desiccation with moderate decrease in disc height at C5-C6 and moderate decrease in disk height, 2-3mm diffuse bulging without central stenosis or cord compression, mild left neural foraminal stenosis secondary to small osteophytic ridging at C6-C7. The current diagnoses are: Cervical spine disc bulges, Thoracic spine strain, Lumbar spine disc bulge, cervical radiculopathy and Bilateral shoulder pain. The utilization review report dated 10/9/14 denied the request for 6-16 massage therapy sessions, 1-2 times a week for 6-8 weeks based on a lack of documentation of significant functional deficit requiring massage therapy and massage therapy of full range of motion is not clinically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-16 Massage Therapy Sessions, 1-2 times a week for 6-8 weeks, cervical spine: Upheld

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

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

Decision rationale: The patient presents with chronic pain affecting neck, lower and upper back over 4 years post injury. The current request is for 6-16 massage therapy sessions, 1-2 times a week for 6-8 weeks. The MTUS guidelines regarding massage therapy are as follows, "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 follow-up. 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." It is noted that the physician recommends the patient to continue exercising and that she does suffer from musculoskeletal symptoms. In this case the request for 6-16 massage therapy sessions is more than the recommended 4-6 visits as stated by the MTUS guidelines. Therefore, this request is not medically necessary.