

Case Number:	CM14-0186039		
Date Assigned:	11/13/2014	Date of Injury:	09/20/1999
Decision Date:	01/30/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family 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:

This 64-year-old school principal reported injuries to multiple body parts due to a slip and fall on 9/20/99. Her significant non-work-related problems include diabetes, hypertension and obesity. Treatment for her injury has included two surgeries on the left shoulder in 2000 and 2006, right carpal tunnel release in 2003, cervical fusions in 2007, 2009, 2011 and on 7/15/11, and right shoulder surgery 12/3/13. A fifth neck surgery is apparently being contemplated. She has not worked since 2004. The most recent progress note available from the primary treating physician is dated 10/10/14. The patient complains of significant tightness and pain in her neck and upper back. When the pain is severe, the tightness increases and causes headaches. The patient states that her medications allow her to perform activities such as curling her hair and dressing, and that they allow her to perform a daily exercise program with an elastic band pulley system. Exam findings include hypertonicity of the trapezius and parascapular muscles bilaterally, with spasm of the right trapezius and right parascapular areas. Arm abduction is slightly weak bilaterally. No ranges of motion are documented. Medications include Norco, Flexeril, Lidoderm patches, Elavil, Prilosec and Voltaren patches. The treatment plan includes a request for 12 massage therapy visits with the rationale that "we believe she would benefit from massage therapy to help relax her neck because of the tightness of her muscles" and "we believe she would benefit from massage therapy to help relax her neck and upper back muscles, which can help with her pain". No specific goals for massage therapy in terms of increased range of motion, increased function, or decreased pain are documented. The request was modified in UR on 10/29/14 and 6 visits of massage therapy were authorized. The primary treating physician issued a letter of appeal for this decision on 11/5/14. The appeal simply reiterates the patient's past history and the complaints and findings documented in the report of 10/10/14. No new information is provided, and there no specific reasons are given why massage therapy would

benefit this patient. The report reads as if all 12 visits were denied, and does not address why starting with 6 visits would be unacceptable.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy Sessions for the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, and Massage Therapy Page(s): 9, 60.

Decision rationale: Per the first citation above, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second citation states that massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The clinical findings in this case do not support the provision of 12 massage therapy visits to this patient. She has already had multiple surgeries and multiple physical therapy sessions, and remains very symptomatic. According to the primary treating physician, her medications allow her to continue a home exercise program, which would be more likely to result in improvement than is a passive intervention such as a massage. His statements to the contrary, it does not appear that the treating physician actually believes that the patient will respond to massage therapy; since he is uninterested in letting her try 6 visits rather than 12. The primary treating physician has not documented any specific reasons why he feels massage therapy will benefit the patient, nor has he documented any subjective, objective or functional goals for the therapy. Based on the MTUS citations above and on the clinical documentation provided for the review, the request for 12 sessions of Massage Therapy for the Cervical Spine are not medically necessary.