

Case Number:	CM14-0187023		
Date Assigned:	11/17/2014	Date of Injury:	09/18/2009
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 39 year old male who sustained an industrial injury on 09/18/2009. The mechanism of injury was not provided for review. His diagnoses include cervicgia, myalgia and myositis, degeneration of lumbar or lumbosacral intervertebral discs, lesion of the ulnar nerve, carpal tunnel syndrome, cervical radiculitis, degeneration of cervical intervertebral disc and insomnia. He continues to complain of neck and low back pain. On physical exam there were normal motor and sensory exams of the cervical and lumbar spine. Spurling's sign was negative. There was tenderness to palpation over the cervicothoracic spinal muscles. Sciatic notches were painful to palpation and the sacroiliac joints were tender to palpation. Straight leg raising was negative bilaterally. Treatment has consisted of medical therapy, physical therapy, massage therapy, a home exercise program and use of an H wave unit. The treating provider has requested massage therapy for six (6) visits for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for six visits for the cervical and lumbar spine: Upheld

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

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

Decision rationale: Per the reviewed guidelines massage therapy should be used as an adjunct to other recommended treatments and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The provided documentation indicated the claimant had undergone 12 massage therapy visits authorized for the cervical spine without demonstrable functional benefit. There is no specific indication for massage for the lumbar spine as there has been no documented functional improvement with physical therapy and a home exercise program. Medical necessity for the requested service has not been established. The requested service is not medically necessary.