

Case Number:	CM14-0197128		
Date Assigned:	12/05/2014	Date of Injury:	07/19/1995
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 female was injured on 07/19/1995. Her diagnoses were noted as spasm of muscle/shoulder and pain/shoulder. On physician progress note dated 8/24/2014, the injured worker continues to have left upper shoulder back discomfort and has had trigger point inflammation injections. She was noted to have fibromyalgia with muscle spasm in her left upper back with headaches, and she uses medication Flexeril as needed. On physician visit 10/29/2014 the injured worker was noted to be receiving massage therapy and has had substantial improvement with physical therapy. However, no evidence of measurable functional improvement was submitted for review. She continues to complain of left upper back discomfort, she was administered five Kenalog plus Lidocaine injections along to paraspinal area and some lateral to in the left upper back during visit. Treatment plan included a prescription for additional massage therapy 2 times a week for 3 months; follow up appointment in 2 months. The Utilization Review dated 11/10/2014 non-certified the request for additional massages therapy 2 times a week for 3 months. The reviewing physician referred to California MTUS Chronic Pain Treatment Guidelines and ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy two times a week for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter

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

Decision rationale: As per California MTUS Chronic pain guideline Massage therapy is not recommended beyond 4-6 sessions. Most of the benefit involves stress reduction with some benefit in pain reduction. The request is excessive with over 24sessions requested. Massage therapy is not medically necessary.