

Case Number:	CM14-0202074		
Date Assigned:	12/12/2014	Date of Injury:	01/27/2003
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 48 year old female who suffered an industrial related injury on 1/27/03. The treating physician's report dated 10/10/14 noted the injured worker had dysphagia, jaw locking, and an inability to chew foods. The injured worker was on a purred diet. Diagnoses included lumbar radiculopathy bilaterally, right cervical radiculopathy status post-surgery on 1/9/04 and 5/21/04, coccygeal fracture with coccygeal strain, coccydynia, thoracic strain, post-traumatic headaches, right TMJ dysfunction, secondary depression, sleep difficulty due to pain, dysphagia, occipital neuralgia, in- coordination with intermittent falls, and dizziness. The pain level without medications was noted to be 10/10 and the pain level with medications was noted to be 7/10. The injured worker was noted to be permanently totally disabled. The physician noted that after a comprehensive psychological evaluation it was recommended the injured worker undergo behavioral pain management consisting of individual psychotherapy with cognitive behavioral therapy for 6 weeks. A MRI done on 3/5/11 was noted to have shown anterior cervical fusion at C4-6 with posterior cervical fusion at C1-2. At C3-4 a posterior disc bulge was noted without canal stenosis or neural foramina narrowing. At C5-6 left neural foramina narrowing was seen secondary to a posterior disc bulge. At C6-7 a posterior disc bulge was noted without evidence of central canal or neural foramina narrowing. The physical examination revealed palpable spasms of the cervical paraspinal muscles. The cervical spine range of motion was significantly limited in all directions. A straight leg raise test was positive bilaterally and Lasegue's test was positive bilaterally. On 10/30/14 the utilization review (UR) physician denied the request for massage therapy 2 times per week for 3 weeks for the thoracic, lumbar, and sacral spine. The UR physician noted the clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any type of active therapy that would benefit from the adjunctive treatment of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times a week for 3 weeks for the thoracic/lumbar/sacral spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Massage Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, massage therapy two times a week for three weeks to the thoracic/lumbar/sacral spine is not medically necessary. Massage therapy is a passive intervention and is considered an adjunct to other recommended treatment, especially active interventions (exercise). See the guidelines for details. In this case, the injured workers working diagnoses are lumbar radiculopathy; right cervical radiculopathy; coccygeal fracture strain; thoracic strain; posterior neck headaches; right TMJ dysfunction; secondary depression and sleep difficulties; dysphagia; occipital neuralgia; in coordination with intermittent faults; and dizziness and imbalance due to cervical myelopathy. The clinical documentation from the most recent progress note dated October 10, 2014 does not contain evidence the injured worker is receiving current physical therapy or an active home exercise program. The Chronic Pain Medical Treatment Guidelines recommend 4 to 6 sessions of massage therapy as an adjunct treatment to other types of active therapy. Consequently, absent the appropriate clinical indication as an adjunctive treatment to active therapy, massage therapy two times a week for three weeks to the thoracic/lumbar/sacral spine is not medically necessary.