

Case Number:	CM14-0202623		
Date Assigned:	12/15/2014	Date of Injury:	02/11/2007
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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 Practice 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 62 years old male patient who sustained an injury on 2/11/2007. He sustained the injury while lifting an inmate who was having a seizure. The current diagnoses include cervical pain, cervical spondylosis, cervical radiculitis and cervical degenerative disc disease. Per the doctor's note dated 11/7/2014, he had complaints of pain over the neck, shoulder and trapezius region over the left side. The physical examination revealed 4/5 strength in left arm, tenderness at axilla, posterior/superior lateral scapula and cervical lateral paraspinals; decreased range of motion to extension, lateral bending and rotation to the right and positive Spurling sign. The medications list includes voltaren gel, lidocaine cream and patches, aspirin and sildenafil. He has had cervical spine MRI dated 3/7/2014. Previous operative or procedure note related to the injury was not specified in the records provided. He has had physical therapy visits and 5 massage therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy QTY: 6.00: Upheld

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

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

Decision rationale: Per the CA MTUS guidelines, regarding massage therapy "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.....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."Patient has had physical therapy visits and recently 5 massage therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered massage therapy sessions are more than recommended by the cited criteria. Response to prior conservative therapy is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Massage Therapy QTY: 6.00 are not fully established for this patient.