

Case Number:	CM14-0205704		
Date Assigned:	12/17/2014	Date of Injury:	07/13/2012
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational 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:

50 year old female injured at work on 13 Jul 2012. She has been diagnosed with chronic thoracolumbar pain, cervicgia, neck strain, and lumbago. At her most recent evaluation (7 Nov 2014) she complained of episodic flareups of her pain, which in the past were controlled with short courses of physical therapy and massage therapy. The pain was stabbing upper back pain 6-7/10 and radiated from the upper trapezius area to the thoracolumbar junction. Exam showed non-antalgic gait, tenderness in paraspinal musculature from T1-L4, full range of motion of the back with pain on motion. Neurologic exam was normal. There were no imaging or ancillary studies for review. Her treatment has included physical therapy, massage therapy, TENS, epidural steroid injection, acupuncture and medications (Flexeril, diclofenac, Lidoderm patches, Toradol, klonopin, and ibuprofen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 12

Low Back Complaints Page(s): 35; 173; 300,Chronic Pain Treatment Guidelines Part 2 Page(s): 60.

Decision rationale: Massage therapy involves working and acting on the body with pressure either manually or with mechanical aids. Contraindications to massage include deep vein thrombosis, damaged blood vessels, weakened bones from cancer, osteoporosis, or fractures, bruising, fever, bleeding disorders or taking blood thinners such as Warfarin. The science behind the effectiveness of this treatment is contradictory; the best evidence of its beneficial effect is seen as a reduction in stress and anxiety although pain reduction, especially in people with chronic pain, has also been shown in small studies. The therapy is passive and the ACOEM guidelines suggest use of passive therapy modalities only when it gives the patient functional restoration and return to activities of normal daily living. The MTUS recommends use of massage therapy as an optional adjunct to standard medical care, limiting the treatments to 4-6 visits. This patient has had beneficial effects in the past from massage therapy during an exacerbation of her chronic pain. There are no contraindications for her continuing to have this therapy intermittently for treatment of exacerbations.