

Case Number:	CM14-0067890		
Date Assigned:	03/09/2015	Date of Injury:	10/14/1999
Decision Date:	04/08/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 injured worker is a 45 year old female who sustained an industrial related injury on 10/14/99. The injured worker had complaints of pain in bilateral hands, wrists, left elbow, left shoulder, neck, and low back with radiation to the left anterior thigh and knee. Diagnoses included lumbar sprain/strain, cervicobrachial syndrome, pain in hand joint, neck sprain/ strain. Treatment included chiropractic treatment, physical therapy, behavioral therapy, and aquatic therapy. Medication included Hydrocodone/APAP and Gabapentin. The treating physician requested authorization for massage therapy sessions to the neck and low back x6. On 5/8/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had been declared permanent and stationary and provisions did not included physical therapy. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY x6 TO NECK AND BACK: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. Massage section.

Decision rationale: Massage therapy may effectively reduce or relieve chronic back pain for 6 months or more, according to a high quality RCT that also compared relaxation massage with structural massage, which focuses on correcting soft-tissue abnormalities. The study found that patients receiving any massage compared to usual care were twice as likely to report significant improvements in both pain and function, and, after 10 weeks, about two-thirds of those receiving massage improved substantially, versus only about one-third in the usual care group, but no clinically meaningful difference between relaxation and structural massage was observed in terms of relieving disability or symptoms. (Cherkin, 2011) The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. Massage has also been shown to be effective for those with chronic neck pain. In this instance, massage was previously denied because the injured worker had been injured permanent and stationary and massage was not included in future care provisions. However, the provision of massage has been demonstrated to be effective for those with chronic back and neck pain. ODGs recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker has not yet had any massage treatment. Therefore, the provision of a trial of 6 massage visits for the cervical and lumbar regions is medically necessary.