

Case Number:	CM15-0002761		
Date Assigned:	01/13/2015	Date of Injury:	12/31/1996
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported injury on 12/31/1996. The mechanism of injury was not provided. Prior therapies included massage and chiropractic care. There was a request for authorization submitted for review dated 12/11/2014. The documentation of 12/10/2014 revealed the injured worker had a flare up of neck and upper back pain and headaches after attempting to move some boxes. The pain was a 9 on a scale of 1 to 10. The injured worker indicated the low back pain was a 7. The objective findings revealed the injured worker had bilateral neck pain with grade 4 hypertonicity of the cervical paravertebral upper trapezius and middle trapezius musculature. The injured worker had decreased range of motion of the cervical spine and the foraminal compression test was positive. The injured worker had bilateral low back pain with grade 4 hypertonicity of lumbar and gluteal musculature, left greater than right. The AS ilium on the right side had multiple fixations of the lumbar spine. The dorsal lumbar range of motion was decreased. The Nachlas and pelvic compression tests were positive bilaterally. The injured worker underwent manual therapy and indicated range of motion remained decreased, pain was reported as a 6 and headache was diminishing. The physician documented the injured worker continued to be able to reduce the amount of pain medication and increase her ability to perform activities of daily living with chiropractic treatment. The diagnoses include lumbar and cervical intervertebral disc degeneration. The treatment plan included chiropractic adjustments and adjunctive physical therapy to the cervical and thoracic spine, 2 visits over the next 2 weeks, pain management, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Massage therapy sessions Between 12/11/2014 and 2/16/2015: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend 4 to 6 visits of massage therapy. The clinical documentation submitted for review indicated the injured worker had benefit from prior massage therapy. The quantity of sessions previously attended was not provided. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 2 massage therapy sessions between 12/11/2014 and 02/16/2015 is not medically necessary.