

Case Number:	CM15-0005236		
Date Assigned:	01/16/2015	Date of Injury:	05/08/2012
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
 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 40 year old female who sustained an industrial injury on May 8, 2012. She has reported chronic neck, head, and upper extremity pain and has been diagnosed with cervical disc displacement without myelopathy, degeneration cervical disc, and headache tension. Treatment to date has included medications, physical therapy, chiropractic therapy, massage therapy, medical imaging, and steroid injection. Currently the injured worker complains of chronic neck, head, and right upper extremity pain. The treatment plan included massage therapy. On December 12, 2014 Utilization Review non certified massage therapy 6 sessions cervical spine citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 6 Sessions, Cervical Spine: 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: The patient has chronic neck pain, headache, and upper extremity pain. The current request is for Massage Therapy 6 Sessions, Cervical Spine. The attending physician would like 6 additional massage therapy sessions noting that massage helps limit the frequency of her exacerbations. The MTUS guidelines recommends massage therapy as an option as indicated below. 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. Scientific studies show contradictory results. 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the request for an additional 6 massage therapy sessions exceeds the guidelines. There is nothing to suggest that the patient has suffered an acute exacerbation, but rather seems to be utilizing massage therapy for prophylactic purposes. As such, the recommendation is for denial.