

Case Number:	CM15-0104892		
Date Assigned:	06/09/2015	Date of Injury:	06/18/2003
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on June 18, 2003. The injured worker was diagnosed as having status post right shoulder surgery times two for rotator cuff repair, subacromial decompressions, and Mumford procedure in 2004 and 2005 with a history of Complex Regional Pain Syndrome (CRPS) postoperatively, lumbar spine degenerative disc disease status post lumbar laminectomy, anterior posterior fusion L3-L4 in 2007 and anterior interbody fusion L3-S1 in 2009, and status post spinal cord stimulator implant in 2011 and explant in 2014. Treatment to date has included MRIs, spinal cord stimulator, right shoulder surgeries, lumbar epidural injections, lumbar surgeries, physical therapy, and medication. As of December 1, 2014, the injured worker complained of pain over the thoracic and entire lumbar spine, with radiating pain affecting the lower extremities, left greater than right, and neck and right shoulder pain, with feelings of depression, anger, and anxiety. The Treating Physician's report dated December 1, 2014, the most recent report submitted for review, noted the injured worker rated her pain as a 7/10 with medications and 10/10 without medications using the visual analog scale (VAS). The injured worker's current medications were listed as Norco, Dendracin lotion, Laxacin, and Tizanidine. Physical examination was noted to show bilateral cervical paraspinous tenderness, and restricted range of motion (ROM) and positive impingement sign in the right shoulder. The lumbar spine was noted to have tenderness to palpation from T12 to S1 with 1 to 2+ muscle spasms in the upper lumbar region with positive twitch response, and positive bilateral straight leg raise exam. The treatment plan was noted to include requests for authorization for titration of Norco, continued Dendracin lotion, continued Docusate Sodium/Senna, and a referral for psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage/manual therapy for the lumbar spine (1 time per week for 4 weeks): Overturned

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. Treatments have included a spinal cord stimulator, which was subsequently removed. When seen, she had increased right shoulder and radiating low back pain without symptoms consistent with CRPS affecting the right upper extremity. She was having difficulty with her home exercise program due to a flare-up of symptoms. Prior massage / manipulation has been effective. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is consistent with guideline recommendations and would be used to facilitate a home exercise program. The request was appropriate and medically necessary.