

Case Number:	CM15-0109077		
Date Assigned:	06/15/2015	Date of Injury:	04/06/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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, 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 56 year old male, who sustained an industrial injury on 4/06/2010. He reported pain in his back after disassembly of a gas meter. The injured worker was diagnosed as having cervical spinal stenosis, cervical spondylosis without myelopathy, lumbosacral spondylosis, and other pain disorders related to psychological factors. Treatment to date has included diagnostics, physical therapy, massage therapy (6 recent sessions and unspecified amount of prior sessions), H-wave unit, and medications. Currently, the injured worker complains of some pain in his neck, back, and right shoulder. His neck pain was worse than his back pain and was made worse with bending and holding in one position, and made better with res, stretching, and massage. He rated pain 9/10 before massage and 2/10 after. He had not been taking medication after his massage, noting that pain mostly resolved. He was using H-wave in the morning for his low back and noted some improvement with that. He was working full time and doing home exercise. Physical exam noted normal muscle tone in the upper extremities with motor strength 5/5. Cervical range of motion was decreased and tenderness over the cervical paraspinals was noted. Muscle strength in the lower extremities was 5/5, gait was normal, and straight leg raise was negative. Current medications included Naproxen, Pantoprazole, Diclofenac cream, and Ketamine cream. The treatment plan included massage therapy x6 for the cervical and lumbar spines. The rationale was that it improved most of his symptoms in his neck and he did not need to use medication. It was documented that H-wave unit was denied for purchase and hopefully massage for his neck and low back would allow him not to need H-wave unit as much.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy cervical and lumbar spine with [REDACTED] (x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no documentation of objective functional improvement from the massage therapy sessions already provided. Furthermore, the request would exceed the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.