

Case Number:	CM15-0130667		
Date Assigned:	07/17/2015	Date of Injury:	09/27/2006
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old female who sustained an industrial/work injury on 9/27/06. She reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having cervical and lumbar disc disease, disc bulge at L3-4 and L4-5 with mild left foraminal narrowing displacing the left L4 nerve, disc bulge at L5-S1, chronic pain syndrome, left C7 radiculopathy and moderate carpal tunnel syndrome. Treatment to date includes medication, prior surgery (left shoulder in 2004, 2005, carpal tunnel release in 1996), and diagnostics. MRI results were reported on 5/23/12 and 12/22/14. EMG/NCV (electromyography and nerve conduction velocity test) was reported on 4/9/15 that revealed left C7 radiculopathy and moderate bilateral carpal tunnel syndrome. Currently, the injured worker complained of neck pain with radiation into the arms, worse on the left, with numbness and tingling along with low back pain radiating primarily to the left lateral leg. Per the primary physician's report (PR-2) on 6/5/15, exam revealed tenderness of the paralumbar muscles, decreased cervical flexion to 80 degrees, and extremely limited cervical extension, decreased sensation along the lateral arms, worse on the left in the first four fingers of the left hand and the thumb of the right hand, tenderness of the paralumbar muscles, decreased cervical flexion to 80 degrees and limited extension, and gait is antalgic. The requested treatments include: continue massage therapy once a week for 6 weeks for the cervical and lumbar regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue massage therapy once a week for 6 weeks for the cervical and lumbar: 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: Recommended 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. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial". In this case, there is no clear evidence that massage therapy will be used in conjunction with an exercise program or in a conditioning program. In addition, the patient had already 6 sessions of massage therapy for the lumbar back without documentation of functional improvement. According to the medical records, massage therapy did help with the patient's neck pain but there is no documentation of the number of sessions attended. Therefore, the request to Continue massage therapy once a week for 6 weeks for the cervical and lumbar is not medically necessary.