

Case Number:	CM15-0131145		
Date Assigned:	07/17/2015	Date of Injury:	03/26/2013
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 3/26/2013. He reported injury to the neck, low back, right shoulder and right knee after a motor vehicle accident. Diagnoses include cervical herniated nucleus pulposus, radiculopathy, cervical pain, sprain/strain, right shoulder internal derangement, impingement, right shoulder sprain and pain, SLAP tear, lumbar herniated nucleus pulposus, spondylolysis, radiculopathy and degenerative disc disease. Treatments to date include medication therapy, chiropractic therapy, and cortisone injection to right shoulder. Currently, he complained of ongoing neck pain with radiation to the right shoulder down to the hand and associated with muscle spasms. He also reports ongoing pain in the low back and right knee. On 6/9/15, the physical examination documented tenderness and muscle spasms with limited range of motion in the cervical spine. The lumbar spine was tender with restricted range of motion and muscle spasms noted. The plan of care included massage therapy twice a week for four weeks for treatment of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Massage Section.

Decision rationale: Per MTUS guidelines, massage therapy is 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. A very small pilot study showed that massage can be at least as effective as the ODG states that massage therapy is recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended. Massage therapy may effectively reduce or relieve chronic back pain for 6 months or more, according to a high quality RCT that also compared relaxation massage with structural massage, which focuses on correcting soft-tissue abnormalities. The study found that patients receiving any massage compared to usual care were twice as likely to report significant improvements in both pain and function, and, after 10 weeks, about two-thirds of those receiving massage improved substantially, versus only about one-third in the usual care group, but no clinically meaningful difference between relaxation and structural massage was observed in terms of relieving disability or symptoms. ODG's recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Although, massage therapy is recommended by the guidelines, the request for 8 visits exceeds the recommendation of the guidelines. The request for massage therapy 2 times a week for 4 weeks for the cervical and lumbar spine is not medically necessary.