

Case Number:	CM15-0131914		
Date Assigned:	07/20/2015	Date of Injury:	03/11/2014
Decision Date:	08/14/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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 41 year old female with an industrial injury dated 03/11/2014. The injury is documented as occurring while she worked in data entry resulting in chronic neck and right arm pain. Her diagnoses included cervicalgia, cervical bulging disc, cervical degenerative disc, cervical radiculopathy, cervical facet joint syndrome and lateral epicondylitis. Comorbid diagnoses included hypertension, anxiety and gastroesophageal reflux. Prior treatments included physical therapy, medications and TENS unit. She presents on 05/19/2015 after a 30 day trial of H Wave unit. She reports she is able to sleep better and is able to participate more in all everyday activities including her physical therapy directed rehabilitation exercise program daily. On average there had been an 80% decrease in pain levels (10/10 reduced to 2/10) lasting up to 5 hours after each treatment. Overall function had improved after trial. The treatment request is for massage therapy 2 times a week for 4 weeks, cervical 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, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for radiating neck pain. When seen, she was requesting an H-wave unit. She was independently performing aquatic exercises. Chiropractic care and a home traction unit were pending. There was positive Tinel's testing at the right elbow and wrist. Massage therapy was requested. 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 in excess of guideline recommendations and not medically necessary.