

Case Number:	CM15-0146201		
Date Assigned:	08/07/2015	Date of Injury:	04/27/2009
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 43-year-old female who sustained an industrial injury on 04-27-09. She reported neck pain and hand pain. Initial diagnoses included thoracic outlet syndrome, carpal tunnel syndrome, and fibromyalgia. Prior diagnostic testing and treatment included MRI, laboratory evaluation, EMG-NCV, physical therapy, and acupuncture. Current diagnoses include cervicgia and lumbago. Diagnostic testing and treatment to date has included MRI, physical therapy, and acupuncture. Currently, the injured worker complains of on and off radicular pain, with neck tightness, stiffness, and limited range of motion. Physical examination of the cervical spine is remarkable for positive Spurling's Test with decreased range of motion, increased stiffness, and radiculopathy. Lumbosacral spine has paraspinal spasms; there is painful decreased range of motion. Requested treatments include massage therapy 2 times a week for 6 weeks for the neck and low back. The injured worker is under temporary total disability. Date of Utilization Review: 07-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2x6 to neck and low back: Upheld

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 43-year-old patient complains of increasing cervical pain along with limited range of motion, as per progress report dated 06/30/15. The request is for MASSAGE THERAPY 2 X 6 TO NECK AND LOWER BACK. There is no RFA for this case, and the patient's date of injury is 04/27/09. Diagnoses, as per progress report dated 06/30/15, included cervical HNP and lumbar HNP. The patient is off work, as per the same progress report. The MTUS Guidelines, in Massage Therapy section on page 60, state that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, the request for 12 sessions of massage therapy is noted in progress report dated 06/30/15 along with chiropractic treatments. A review of the available progress reports indicates that the patient has undergone extensive conservative care in form of physical therapy, acupuncture and chiropractic treatments. However, none of the reports documents prior massage therapy or its efficacy. Nonetheless, MTUS recommends only 4 to 6 sessions of this treatment modality. Hence, the treater's request for 12 sessions is excessive and IS NOT medically necessary.