

Case Number:	CM15-0146726		
Date Assigned:	08/07/2015	Date of Injury:	07/10/2006
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63-year-old male, who sustained an industrial injury on July 10, 2006. Treatment to date has included MRI of the cervical spine, massage therapy, and medications. Currently, the injured worker complains of neck pain. He rates his neck pain a 7 on a 10-point scale with medications and rates his pain a 9 on a 10-point scale without medications. His quality of sleep is fair and he reports that he averages five hours per night of sleep. He has completed physical therapy and reports that this has helped with his arm and neck pain. He rates his quality of life a 6 on a 10-point scale and notes that he works and volunteers limited hours and takes part in limited social activities. He reports that his medications are working well. On physical examination, the injured worker has restricted cervical range of motion. He has tenderness to palpation over the bilateral cervical paravertebral muscles, the trapezius, and bilateral facet joints. A Spurling's maneuver elicits pain in the neck muscles with radiation of pain to the upper extremity. He has tenderness to palpation along the right side cervical facets and has trigger points with radiation of pain and twitch response on palpation at the left cervical paraspinal muscles. His right shoulder has a restricted range of motion and he has tenderness to palpation at the acromioclavicular joint and coracoid process. The diagnoses associated with the request include cervical facet syndrome, disc disorder of the cervical spine, right cervical radiculopathy and right rotator cuff repair. The treatment plan includes cervical epidural steroid injection, massage therapy for spasms. The evaluating physician notes that previous massage therapy decreased his pain level and allowed him to avoid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy visits for the cervical spine, 1 visit per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: 6 massage therapy visits for the cervical spine, 1 visit per week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The MTUS states that many studies lack long-term follow-up. Massage is a passive intervention and treatment dependence should be avoided. The documentation indicates that the patient has had prior massage. There is no evidence of functional improvement from prior massage sessions. The MTUS supports active interventions such as an independent home exercise program. There are no extenuating factors that would necessitate 6 more massage visits therefore this request is not medically necessary.