

Case Number:	CM15-0162963		
Date Assigned:	08/31/2015	Date of Injury:	08/13/2013
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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 51 year old male, who sustained an industrial injury on 08-13-2013. He has reported injury to the neck, bilateral shoulders, and the mid and low back. The diagnoses have included cervical spine sprain-strain; degenerative disc disease cervical spine with spondylosis; right shoulder SLAP (superior labrum anterior and posterior) lesion, status post right shoulder arthroscopy x 2; bilateral shoulder sprain-strain; bilateral elbow sprain-strain; bilateral wrist sprain-strain; thoracic spine sprain-strain; degenerative disc disease mid spine with spondylosis; lumbar spine sprain-strain; degenerative disc disease lumbar spine with 3 to 4 mm bulging disc at L3-4, L4-5, and L5-S1 on MRI; bilateral knee sprain-strain; and left knee degenerative joint disease. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Tramadol, Norco, Xanax, Deprizine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen Cream. A progress report from the treating physician, dated 07-16-2015, documented an evaluation with the injured worker. The injured worker reported increased neck pain with extreme weakness in his right hand and bilateral tingling in his arms; low back pain that radiates down his right leg and stinging in his left knee; and he denies any change in neurologic function. Objective findings included he ambulates with an antalgic gait, as well as a cane for aid; he has moderate difficulty transferring from the chair to standing and from standing to the exam table; tenderness to palpation in the neck, back diffusely midline and paraspinal; no tenderness in the extremities; spinal range of motion is not full and hindered secondary to pain; weakness of the right shoulder

with abduction at 4 out of 5, and pain with motion; sensation is decreased to light touch in the bilateral upper and lower extremities in a non-dermatomal pattern; and he experienced pain with grip strength testing. The treatment plan has included the request for massage therapy x 8, cervical spine, lumbar spine, and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 8, cervical spine, lumbar spine & thoracic spine: 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 patient presents with right shoulder pain. Neck pain with extreme weakness in his right hand and bilateral tingling in his arms. Low back pain that radiates down his right leg and stinging in his left knee. The request is for Massage Therapy X 8, Cervical Spine, Lumbar Spine & Thoracic Spine. The request for authorization is not provided. Physical examination reveals tender to palpation in the neck, back diffusely midline and paraspinal. Spinal range of motion is not full and hindered secondary to pain. Sensation decreased to light touch in the bilateral upper and lower extremities in a non-dermatomal pattern. Patient's medications include Norco. Per progress report dated 07/16/15, the patient is on modified work. MTUS Guidelines, Massage therapy Section, page 60 states 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. Treater does not discuss the request. Given the patient's condition, a course of massage therapy would be indicated. Review of provided medical records show no evidence of previous Massage Therapy treatments. However, the request for 8 sessions of Massage Therapy would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.