

Case Number:	CM15-0166389		
Date Assigned:	09/04/2015	Date of Injury:	09/28/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: Georgia, California, Texas

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 47-year-old male, who sustained an industrial injury on 9-28-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spinal stenosis, status post cervical fusion on 2-2-15, bilateral trapezius myofascial pain secondary to surgery, left hand injury during intraoperative monitoring, left ulnar neuritis secondary to left hand injury and depression. Cervical fusion was complicated by respiratory arrest due to large hematoma during the postoperative period, requiring intubation and surgical drainage. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments and massage therapy. 8 sessions of massage therapy were requested on 02/25/15, but it is unknown how many massage therapy sessions the injured worker has completed. Per 03/25/15 office note he had just begun twice weekly massage therapy sessions. Other treatments concurrent with massage therapy included opioid pain medications, physical therapy, acupuncture, and work with an exercise trainer. Despite conservative treatments including massage therapy, documented pain levels remained 7/10 to 9/10 and there was no documented reduction in use of pain medication. 07/21/15 office note documented reduction in pain level to 7-8/10, which the injured worker attributed to a 2 hour massage session the previous weekend. The upper trapezius and neck muscles were noticeably more relaxed compared to the previous week, but continued to be tender to palpation. Currently, he complained of increased pain in the neck and arms with pain and weakness in the left hand and forearm. On 7-15-15, the physical examination documented

tenderness to right sternocleidomastoid and left. There was weakness in the left side noted. The plan of care included a request to authorize four (4) therapeutic massage sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Massage, 4 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: MTUS recommends massage therapy as an optional adjunct to other conservative treatments such as exercise. MTUS notes: "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." MTUS recommends that massage therapy be limited to 4-6 visits in most cases. Based upon the submitted documentation the injured worker has completed a course of massage therapy consistent with MTUS recommendations, with temporary relief of symptoms. However, sustained functional improvement or reduction in medication use is not documented. Based upon MTUS recommendations and the submitted clinical records, medical necessity is not established for continued massage therapy.