

Case Number:	CM15-0183351		
Date Assigned:	09/24/2015	Date of Injury:	09/28/2011
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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:

This is a 47-year-old male with a date of injury on 9-28-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post C5-C6, C6-C7 anterior cervical discectomy, fusion (ACDF) in February 2015, and bilateral trapezius myofascial pain secondary to surgery. According to the request for authorization dated 8-7-2015, the injured worker was six months status post two level anterior cervical discectomy and fusion (ACDF). He continued to improve. He reported feeling spasms and tightening of all four extremities sometimes after working for a half hour. The physical exam (8-7-2015) revealed improved strength and normal gait. Per the progress report dated 8-14-2015, the injured worker complained of neck pain rated six to seven out of ten. The physical exam (8-14-2015) revealed tenderness to palpation over the cervical paraspinals, the sternocleidomastoid and the right occipital area. Treatment has included surgery, acupuncture, physical therapy, massage therapy, and medications. Current medications (8-14-2015) included Oxycontin, Robaxin and Xanax. The original Utilization Review (UR) (8-24-2015) denied a request for massage therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to the cervical spine for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Massage therapy to the cervical spine for 8 sessions is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has neck pain rated six to seven out of ten. The physical exam (8-14-2015) revealed tenderness to palpation over the cervical paraspinals, the sternocleidomastoid and the right occipital area. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, Massage therapy to the cervical spine for 8 sessions is not medically necessary.