

Case Number:	CM15-0186110		
Date Assigned:	09/29/2015	Date of Injury:	05/01/2010
Decision Date:	11/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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 45 year old male, who sustained an industrial injury on 05-01-2010. He has reported injury to the neck and low back. The diagnoses have included right paracentral disc protrusion L1-L2; degenerative discs with protrusions C4-C5, C5-C6, and C6-C7; and cervical radiculopathy. Treatment to date has included medications, diagnostics, cervical epidural steroid injections, acupuncture, chiropractic therapy, and massage therapy. Medications have included Tylenol and Voltaren Gel. A progress note from the treating physician, dated 07-01-2015, documented a follow-up visit with the injured worker. The injured worker reported severe chronic intractable neck pain; the pain is worse after sleeping, not improved by anything; the pain does not radiate into the arms; there is numbness in the left index, ring, and small fingers; he complains of numbness over the back of the neck; he has difficulty sleeping due to pain; he complains of low back pain; the pain is worse with sitting, standing, and walking; there is numbness in both feet when sitting for long periods; and he has numbness in the buttocks when sitting. It is noted that the injured worker underwent acupuncture and chiropractic with short-term benefit; he underwent a series of cervical epidural injections, which provided no relief; and he previously underwent 6 sessions of massage therapy with modest relief of his persistent pain. Objective findings included he is no acute distress; there is decreased light touch sensation in the left ring and small fingers; there is exquisite tenderness to palpation over the bilateral trapezii; cervical range of motion is moderately restricted with pain in all planes; and lumbar range of motion is moderately decreased with pain at the limits of his range. The treatment plan has included the request for massage therapy 18 sessions. The original utilization review, dated 08-17-2015, modified the request for massage therapy 18 sessions, to allow for six sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 18 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: Review indicates request for massage therapy was modified for six sessions. Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a con-current active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The request for Massage therapy 18 sessions is not medically necessary and appropriate.