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| Case Number: | CM15-0188544 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 05/01/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: California, Hawaii

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 43 year old female, who sustained an industrial-work injury on 5-1-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, protruded cervical disc, cervical dystonia, and muscle spasm. Medical records dated 8-14-15 indicate that the injured worker complains of worsening neck pain rated 7 out of 10 on the pain scale at its worst, least and average. The injured worker reports that the pain is severe at all times and increased pain with activities and relief with lying down. The medical records also indicate worsening of the activities of daily living. The physical exam dated 8-19-15 reveals that the head is held slightly forward, the shoulders are somewhat rounded and protracted. There is tenderness with increased tonicity in the levator scapulae and deeper layers of the cervical paraspinal musculature bilaterally. The cervical range of motion is decreased due to pain. The physician recommended Botox injections to allow for improved tolerance to physical therapy and ongoing increased range of motion and massage therapy for the cervical musculature. Treatment to date has included pain medication including Ibuprofen, Oxycodone, Trazadone and Effexor, diagnostics, temporary chemotherapy denervation injections 7-22-15 with significant improvement in cervical range of motion and decreased pain for 1 day, physical therapy at least 8 sessions, acupuncture and other modalities. The request for authorization date was 8-19-15 and requested service included Massage Therapy times 8 visits. The original Utilization review dated 9-24-15 non-certified the request for included Massage Therapy times 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 8 visits: 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 patient presents with pain affecting the neck. The current request is for Massage Therapy x 8 visits. The treating physician report dated 8/14/15 (21B) states, "I have ordered massage therapy for the cervical musculature." The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. In this case, the current request of 8 sessions of massage therapy exceeds the 4-6 visits recommended by the MTUS guidelines. Furthermore, there is no rationale provided by the treating physician as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.